UNIFORM COMMERCIAL CODE — FINANCING STATEMENT CHANGE — FORM N-UCC-2

STATE OF NEVADA

IMPORTANT - Read instructions on back before filling out form

STANDARD FORMS COMPANY -- Phoenix - Nevada - Calf -- 369-5502

This STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code

		Receipt #		
1. FILE NO OF ORIGE FINANCING STATEMENT 1. DATE OF FILING OF ORIGE FINANCING STATEMENT 1. Page 11.		1B. DATE OF ORIG FINANCING STATEMENT	1C. MACE OF FILING ORIG FINANCING STATEMENT Douglas County	
2. DEBTOR (AS APPEARS ON ORIGINAL FINANCING LEGAL BUSINESS NAME INDIVIDUAL (LAST NAME FIRS	SSTATEMENT) (COME HAME CONCT) Consolidated	l Casinos Corp & CASINO	2A. SOCIAL SECURITY OR I	
28. MAILING ADDRESS (AS APPEARS ON ORIG P.O. BOX C	INAL FINANCING STATEMENT)	2c. city.state Stateline, NV	v \ \	2D. ZIP CODE 89449
3. ADDITIONAL DEBTOR IF ANY 10NE NAME SUBJECT LEGAL BUSINESS NAME INDIVIDUAL (LAST NAME FIRS	UTOU STEWNY HOTER a	CASINO	3A. SOCIAL SECURITY OR	ON KAT JARBOBE
38. MAILING ADDRESS	~	3c. city, state Stateline, NV	\ \	3D. ZIP CODE 89449
Highway 50 4. ADDITIONAL DEBTOR (IF ANY) 1981 NAME LEGAL BUSINESS NAME	DA; Y)	Stateline, NV	4A SOCIAL SECURITY OR	
INDIVIDUAL (LAST NAME FIRS	57)	4C. CITY STATE		4D. ZIP CODE
4B. MAILING ADDRESS				
5. SECURED PARTY NAME IGT			5A. SOCIAL SECURITY NO TRANSIT AND A B A N	
MAILING ADDRESS 520 So.	Rock Blvd.	zip code 89502	88-0062	109
6. ASSIGNEE OF SECURED PARTY (IF ANY)			6A SOCIAL SECURITY NO	FED TAX NO OF BANK
NAME MAILING ADDRESS			TRANSIT AND A B A N	9
CITY	STATE The original Financing Statement between	ZIP CODE	/	
growing or to be greecord owner of re RELEASE—From to collateral describe ASSIGNMENT—T	he Secured Party certifies that the Secure	om which to be extracted in Item 6 ted within 6 months prio atement bearing the file number loes not terminate debt. d Party has assigned to the Assi	B below. If crops or fixtures, a r to expiration date. shown above, the Secured F	Party releases the
D X TERMINATION—T		Party no longer claims a security i	interest under the Financing S	tatement bearing
	ne Financing Statement bearing the file nu Debtor(s) and Secured Party(ies	The state of the s		
8.				
9. By: SIGNATUREISI DE DEBTORIS	(Date) April 27	, 19.94 10.	This Space for Use of Filing Officer (I	Date, Time, Filing Office)
By: SKNATUREIST OF SECURED P		ion Supervisor	REQUESTED B WESTERN TITLE O IN OFFICIAL REGION DOUGLAS CO NE	Y COMPANY, IN TOS OF TADA
FOR NAMES:	Return Copy to		94 MAY -5 P12	:22
ilawada Titla C	• -	7		
ADDRESS ATTO ROGER Va. Sanara Las Vegas, nV	ite , Suite 200		\$ 16 PAIN K2	DREAU
AND ZIP Las Vegas, NV	35	<u>3</u> 679 1	\$/(e_PAIU_K)	DEPUTY
UNIFORM COMMERCIAL CODE - FC	DRM UCC-2 (REV 9-89) Approved BK 0.5 9	.PGs0.670 '		FILING FEE SEE INSTRUCTIONS