

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

Receipt # _____

1. FILE NO OF ORIG FINANCING STATEMENT 212671	1A. DATE OF FILING OF ORIG FINANCING STATEMENT 10-9-89	1B. DATE OF ORIG FINANCING STATEMENT	1C. PLACE OF FILING ORIG FINANCING STATEMENT Douglas County
2. DEBTOR (AS APPEARS ON ORIGINAL FINANCING STATEMENT) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Consolidated Casinos Corp dba: HIGH SIERRA CASINO/HOTEL			2A. SOCIAL SECURITY OR FEDERAL TAX NO
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) P.O. Box C		2C. CITY, STATE Stateline, NV	2D. ZIP CODE 89449
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) HIGH SIERRA CASINO HOTEL			3A. SOCIAL SECURITY OR FEDERAL TAX NO
3B. MAILING ADDRESS Highway 50 @ Stateline		3C. CITY, STATE Stateline, NV	3D. ZIP CODE 89449
4. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) HIGH SIERRA CASINO HOTEL			4A. SOCIAL SECURITY OR FEDERAL TAX NO
4B. MAILING ADDRESS P.O. Box C		4C. CITY, STATE Stateline, NV	4D. ZIP CODE 89449
5. SECURED PARTY NAME IGT MAILING ADDRESS 520 So. Rock Blvd. CITY Reno STATE NV ZIP CODE 89502			5A. SOCIAL SECURITY NO, FED. TAX NO OR BANK TRANSIT AND A.R.A. NO 88-0062109
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE			6A. SOCIAL SECURITY NO, FED. TAX NO OR BANK TRANSIT AND A.R.A. NO
7. A <input type="checkbox"/> CONTINUATION—The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, fixtures, or oil, gas or minerals check here <input type="checkbox"/> and insert description of real property on which growing or to be grown or to which affixed or to be affixed or from which to be extracted in Item 8 below. If crops or fixtures, also insert name of record owner of real estate. Effective only if submitted within 6 months prior to expiration date.			
B <input type="checkbox"/> RELEASE—From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in Item 8 below. Release does not terminate debt.			
C <input type="checkbox"/> ASSIGNMENT—The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all or part of the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 8 below.			
D <input checked="" type="checkbox"/> TERMINATION—The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.			
E <input type="checkbox"/> AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 8 below. (Signature of Debtor(s) and Secured Party(ies) required on all amendments)			
8.			

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) April 27, 1994

By: _____ (TITLE)

By: Jules Ballues (TITLE) **Collections Supervisor**

IGT (TITLE)

10. This Space for Use of Filing Officer (Date, Time, Filing Office)

REQUESTED BY
WESTERN TITLE COMPANY, INC.
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

11. Return Copy to

NAME **Nevada Title Company**
 ADDRESS **Attn: Roger Waite**
 CITY, STATE AND ZIP **3320 W. Sahara, Suite 200 Las Vegas, NV 89102**

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RECORDED & INDEXED
 \$16.00 PAID K2 DEPUTY