

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

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

IMPORTANT:

Read Instructions on back before filling out form.

Receipt No. _____

1. File No. of Orig. Financing Statement 231192 790 4121	1A. Date of Filing of Orig. Financing Statement JULY 30, 1990	1B. Date of Orig. Financing Statement 7-23-90	1C. Place of Filing Orig. Financing Statement DOUGLAS COUNTY
2. DEBTOR (As Appears on Original Financing Statement) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) ALLEN, JOHN R			2A. SOCIAL SECURITY OR FEDERAL TAX NO. 3159
2B. MAILING ADDRESS (As Appears on Original Financing Statement) 2652 CLAPHAM AVENUE		2C. CITY, STATE MINDEN, NEVADA	2D. ZIP CODE 89423
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) ALLEN, DARREL S.			3A. SOCIAL SECURITY OR FEDERAL TAX NO. 2034
3B. MAILING ADDRESS 2652 CLAPHAM AVENUE		3C. CITY, STATE MINDEN, NEVADA	3D. ZIP CODE 89423
4. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)			4A. SOCIAL SECURITY OR FEDERAL TAX NO.
4B. MAILING ADDRESS		4C. CITY, STATE	4D. ZIP CODE
5. SECURED PARTY NAME FIRST INTERSTATE BANK OF NEVADA, N.A. MAILING ADDRESS PO BOX 68 CITY MINDEN STATE NEVADA ZIP CODE 89423			5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A B A. NO. 94-1/1212
6. ASSIGNEE OF SECURED PARTY (If Any) NAME MAILING ADDRESS CITY STATE ZIP CODE			6A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A B 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. **FIRST INTERSTATE BANK OF NEVADA, N.A.** (Date) **MAY 9** 19 **94**

By _____ (SIGNATURE(S) OF DEBTOR(S)) (TITLE)

By *Sharon E Paulsen* (SIGNATURE(S) OF SECURED PARTY(IES)) **BANKING OFFICER** (TITLE)

SHARON E. PAULSEN (TYPE NAME(S))

10. This Space for Use of Filing Officer: (Date, Time, File Number and Filing Officer)

REQUESTED BY
FIB
 IN OFFICIAL RECORDS OF
 DOUGLAS CO. NEVADA

94 MAY 13 10:46

UZANNE BEAUDREAU
 RECORDER
s/l6 go PAIR K2 DEPUTY

11. Return Copy to:

NAME ADDRESS CITY, STATE AND ZIP	Trust Account Number (If Applicable)
JOHN ALLEN 2652 CLAPHAM AVENUE MINDEN, NEVADA 89423 745 9418963 9001 4-4-94 AMS	

337489
BK 0594 PG 2347