

# 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 <b>06902-207348-789</b>		1A. Date of Filing of Orig. Financing Statement <b>JULY 25, 1989</b>		1B. Date of Orig. Financing Statement <b>JULY 19, 1989</b>		1C. Place of Filing Orig. Financing Statement <b>DOUGLAS COUNTY</b>	
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) <b>THOLL, MATT</b>						2A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>520-1092</b>	
2B. MAILING ADDRESS (As Appears on Original Financing Statement) <b>883 RITTER</b>				2C. CITY, STATE <b>GARDNERVILLE, NV</b>		2D. ZIP CODE <b>89410</b>	
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>THOLL, PAUL A SR.</b>						3A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>520-3801</b>	
3B. MAILING ADDRESS <b>3270 PENFIELD CIRCLE</b>				3C. CITY, STATE <b>RENO, NEVADA</b>		3D. ZIP CODE <b>89502</b>	
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 <b>FIRST INTERSTATE BANK OF NEVADA</b> MAILING ADDRESS <b>P.O. BOX 68</b> CITY <b>MINDEN</b> STATE <b>NV</b> ZIP CODE <b>89423</b>						5A. SOCIAL SECURITY NO. FEDERAL TAX NO. BANK TRANSIT AND A.B.A. NO. <b>94-41/1212</b>	
6. ASSIGNEE OF SECURED PARTY (If Any) NAME MAILING ADDRESS CITY STATE ZIP CODE						6A. SOCIAL SECURITY NO. FEDERAL TAX NO. 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 crops are 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 <input type="checkbox"/> 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.							

9. (Date) AUGUST 5, 19 94

By \_\_\_\_\_ (TITLE)

By Sharon E. Paulsen (TYPE NAME(S))  
 \_\_\_\_\_ BANKING OFFICER (TITLE)  
SHARON E. PAULSEN, BANKING OFFICER  
FIRST INTERSTATE BANK (TYPE NAME(S))

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

**OFFICIAL RECORDS OF DOUGLAS CO. NEVADA**  
*1st Interstate Mgt*  
**94 AUG 10 A11:03**

SUZANNE BEAUDREAU, RECORDER  
 BY Kg 8/16/94

11. Return Copy to:

NAME  MATT THOLL  
 ADDRESS 883 RITTER  
 CITY, STATE AND ZIP GARDNERVILLE, NV 89410

Trust Account Number (If Applicable)

745 9093485 9005 07-20-94 DMS

THIS SPACE FOR USE OF FILING OFFICER

BK0894PG1704 343724