

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. _____

Doc. #206527/Bk. 789/Pg. 1121

Recorded July 13, 1989

Douglas County Recorder

1. File No. of Orig. Financing Statement	1A. Date of Filing of Orig. Financing Statement	1B. Date of Orig. Financing Statement	1C. Place of Filing Orig. Financing Statement
			Douglas County Recorder
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) WARD, Kenneth L.			2A. SOCIAL SECURITY OR FEDERAL TAX NO. 5234
2B. MAILING ADDRESS (As Appears on Original Financing Statement) P.O. Box 3785		2C. CITY, STATE Stateline, NV	2D. ZIP CODE 89449
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) WARD, Susanna S.			3A. SOCIAL SECURITY OR FEDERAL TAX NO. 1233
3B. MAILING ADDRESS P.O. Box 3785		3C. CITY, STATE Stateline, NV	3D. ZIP CODE 89449
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 William W. Sloan MAILING ADDRESS 6239 Parkhurst Drive CITY Goleta STATE CA ZIP CODE 93117			5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 6245
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. 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 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. 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. 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. 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. 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) 10/14 1989

Kenneth L. Ward (SIGNATURE(S) OF DEBTOR(S)) *Susanna Ward* (TITLE)
KENNETH L. WARD **SUSANNA S. WARD**

William W. Sloan (SIGNATURE(S) OF SECURED PARTY(ES)) (TITLE)
WILLIAM W. SLOAN

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

**REQUESTED BY
 LEISURE TIME ESCROW
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA**

'89 OCT 18 AM 1:05

**SUZANNE BEAUDREAU
 RECORDER**

\$16.00 PAID *GR* **DEPUTY**

YELLOW—Alphabetical; PINK—Acknowledgement;
 GREEN—Secured Party; BLUE—Debtor.

(Filing Fees: See Instructions)

11. **Return Copy to:**

NAME ADDRESS CITY, STATE AND ZIP	LEISURE TIME ESCROW P.O. BOX 7197 STATELINE, NV 89449 ESCROW NO. 4308-RM	Trust Account Number (If Applicable)
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THIS SPACE FOR USE OF FILING OFFICER

BK 1094 PG 2972 348765

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