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

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

PORTANT: Read instructions on back before filling out form.		Receip	Receipt No		
ile No. of Orig. Financing Statement 1A. Date of Filing of Orig. Financing Statement 107423 May 11, 1992		18. Date of Orig. Financing Statement May 6, 1992		1C. Place of Filing Orig. Financing Statement DOuglas County	
DEBTOR (ONE NAME ONLY) LEGAL BUSINESS NAME	Greg B. Winter		ZA. SOCIAL SECURITY OR 309	FEDERAL TAX NO.	
MAILING ADDRESS	Greg b. Winter	2C. CITY, STATE		2D. ZIP CODE	
649 Long Vall	ey Road	Gardnervil	le, Nevada	89410	
ADDITIONAL DEBTOR (If Any) (ONE ☐ LEGAL BUSINESS NAME	: NAME ONLY)		3A. SOCIAL SECURITY OR	FEDERAL TAX NO.	
☐ INDIVIDUAL (LAST NAME FIRST) MAILING ADDRESS		3C. CITY, STATE		3D. ZIP CODE	
				\	
ADDITIONAL DEBTOR(S) ON AT	TACHED SHEET			\	
SECURED PARTY			5A. SOCIAL SECURITY NO OR BANK TRANSIT AN	FEDERAL TAX NO.	
MAILING ADDRESS	rada Banking Company	У		\	
CITY Cardnervill	74 Hwy 395 North Nevada	ZIP CODE 89410	88-017065	9	
ASSIGNEE OF SECURED PARTY (If			6A. SOCIAL SECURITY NO.		
NAME			OR BANK TRANSIT AN	U A.B.A. NO.	
MAILING ADDRESS CITY	STATE	ZIP CODE	. \		
	e original Financing Statement between the foreg		ilo number and data above above 1-	ontinued if asiletasil	
or from which to be expiration date.	xtures, or oil, gas or minerals check here 🗀 and extracted in Item 8 below. If crops or fixtures, a	also insert name of record owner of real est	ate. Effective only if submitted wit	nin 6 months prior to	
	e collateral described in the Financing Statement s not terminate debt.	bearing the file number shown above, the	Secured Party releases the collater	ıl described in Item 8	
C. ASSIGNMENT—The Statement bearing to	Secured Party certifies that the Secured Party ha he file number shown above in the collateral des	s assigned to the Assignee above named, a scribed in Item 8 below.	ll or part of the Secured Party's right	s under the Financing	
Z. XX	Secured Party certifies that the Secured Party no			idiliber silowii above.	
E AMENDMENT—The made in Item 8 belo	Financing Statement bearing the file number show W. (Signature of Debtor(s) and Secured Party(i	wn above is amended as set forth in Item 8 l ies) required on all amendments.)	pelow. Any changes made to Items 2		
ADDITIONS, REITO ANY OF THE additions, represented to a	DESIGN, A MERCURY MPLACEMENTS, SUBSTITF FOREGOING: whethe placements, and submy of the foregoing gibles and accounts	UTIONS AND RECORD r owned now or ac stitutions; all r ; all proceeds ()	OS OF ANY KIND cquired later; records of any	RELATING all acces kind	
		10	. This Space for Use of Filing Of	ficer: (Date, Time, File	
((Date) 17 Februa	ary 19 95	Number and Filing Officer)	•	
\	- Ps.				
BySIGNATURE(S) O	F DEBTOR(S)	(TITLE)		,	
BySIGNATURE(S) O		(TITLE)	MEQUESTED BY		
SIGNATURE(S) O	TYPE NAME(S)	Granch Manager	NEOUESTED BY LOUGAGE BONK! NOFFICIAL RECOR	N9 CO DS OF ADA	
SIGNATURE(S) O	TYPE NAME(S) Asst. E SECURED PARTY(IES) TET Nevada Bank TYPE NAME(S)	Branch Manager	Veuada Banki	N9 CO DS OF ADA	
SIGNATURE(S) OF SIGNATURE(S) OF S	TYPE NAME(S) Asst. E SECURED PARTY(IES) Ter Nevada Bank	Branch Manager (TITLE)	Wode Bank! WOFFICIAL RECOR OOUGLAS CO NEV	N9 CO DS OF ADA	
SIGNATURE(S) OF SUSAN C. Pot	TYPE NAME(S) Asst. E SECURED PARTY(IES) TYPE NAME(S) Return Copy to:	Branch Manager (TITLE)	Wode Bank! WOFFICIAL RECOR OOUGLAS CO NEV	N9 CO DS OF ADA	
SIGNATURE(S) OF SUSAN C. Pot	TYPE NAME(S) Asst. E SECURED PARTY(IES) TET Nevada Bank TYPE NAME(S)	Sranch Manager (TITLE) King Company	Wyada Bank! IN OFFICIAL RECOR OOUGLAS CO NEV	N9 CO DS OF ADA	

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

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