

Recorded

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

IMPORTANT— Read instructions on back before filling out form

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

95040041CC

1. FILE NO. OF ORIG. FINANCING STATEMENT 200211	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT 4-14-89	1B. DATE OF ORIG. FINANCING STATEMENT 4-12-89	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 checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Newton, James J.			2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-8160
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 110 E. Ann		2C. CITY, STATE Carson City, NV	2D. ZIP CODE 89701
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Newton, Sharon R.			3A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-8360
3B. MAILING ADDRESS 110 E. Ann		3C. CITY, STATE Carson City, NV	3D. ZIP CODE 89701
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 Bank of America Nevada MAILING ADDRESS P.O. Box 98600 CITY Las Vegas STATE Nevada ZIP CODE 89193-8600			5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO. 94-72/1224
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.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. (Date) February 10 1995

By: Bank of America Nevada (TITLE)
SIGNATURE(S) OF DEBTOR(S)

By: Bronica Clay (TITLE)
SIGNATURE(S) OF SECURED PARTY(IES) AVP of Operations

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

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

95 MAR 15 AM 04

LINDA SLATER
RECORDER
PAID 16.00 DEPUTY

11. Return Copy to

NAME James and Sharon Newton
ADDRESS P.O. Box 2167
CITY, STATE Carson City, NV
AND ZIP 89702

#95040041

(1) FILING OFFICER COPY — ALPHABETICAL

UNIFORM COMMERCIAL CODE - FORM UCC-2 (Rev. 7-86) Approved by the Nevada Secretary of State
M-019-04-037 (2/87)

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FILING FEE
SEE INSTRUCTIONS