

IMPORTANT— Read instructions on back before filling out form

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

1. FILE NO. OF ORIG. FINANCING STATEMENT <b>249836</b>	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT <b>May 2, 1991</b>	1B. DATE OF ORIG. FINANCING STATEMENT	1C. PLACE OF FILING ORIG. FINANCING STATEMENT <b>Douglas County, NV</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>DELOREY, Joseph L.</b>			2A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>9132</b>
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) <b>P.O. Box 2085</b>		2C. CITY, STATE <b>Minden, NV</b>	2D. ZIP CODE <b>89423</b>
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>DELOREY, June J.</b>			3A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>2141</b>
3B. MAILING ADDRESS <b>P.O. Box 2085</b>		3C. CITY, STATE <b>Minden, NV</b>	3D. ZIP CODE <b>89423</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>ROBERT J. POLICHIO</b> MAILING ADDRESS <b>460 Tracy Lane</b> CITY <b>Reno, NV 89509</b> STATE _____ ZIP CODE _____			5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.S.A. NO. <b>5285</b>
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.S.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. <b>Effective only if submitted within 6 months prior to expiration date.</b>			
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. <b>Release does not terminate debt.</b>			
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. <b>(Signature of Debtor(s) and Secured Party(ies) required on all amendments)</b>			

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) 5-3 1995

By: \_\_\_\_\_ (TITLE) \_\_\_\_\_  
SIGNATURE(S) OF DEBTOR(S)

By: \_\_\_\_\_ (TITLE) \_\_\_\_\_  
SIGNATURE(S) OF SECURED PARTY(IES)  
**Robert J. Polichio**

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

REQUESTED BY  
**WESTERN TITLE COMPANY, INC.**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

**'95 MAY -8 M1:55**

LINDA SLATER  
RECORDER

**\$16.00 PAID DEPUTY**  
FILING FEE  
SEE INSTRUCTIONS

**BK0595PG1075**  
**36/663**

11. **Return Copy to**

NAME **Comstock Title Company #48582-SS**

ADDRESS **Attn: Sherrie Sherman**

CITY, STATE AND ZIP **601 W. Moana lane #1  
Reno, NV 89509**