

061590-9001

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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 06818 194499 189 1852	1A. Date of Filing of Orig. Financing Statement JANUARY 18, 1989	1B. Date of Orig. Financing Statement JANUARY 11, 1989	1C. Place of Filing Orig. Financing Statement DOUGLAS COUNTY NV
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) NORTON, MAX E		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 7566	
2B. MAILING ADDRESS (As Appears on Original Financing Statement) 1163 CARY CREEK CT., ROUTE #1		2C. CITY, STATE GARDNERVILLE, NV	2D. ZIP CODE 89410
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) NORTON, SARA A		3A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 9057	
3B. MAILING ADDRESS 1163 CARY CREEK CT., ROUTE #1		3C. CITY, STATE GARDNERVILLE, NV	3D. ZIP CODE 89410
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 NV ZIP CODE 89520-8600		5A. SOCIAL SECURITY NO. FEDERAL 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. FEDERAL 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 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 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) **May 17, 1995**

By SIGNATURE(S) OF DEBTORS _____ (TITLE)

By SIGNATURE(S) OF SECURED PARTY(IES) **[Signature]** **BELEN CASTILLO, SR. GRP. MGR.**
BANK OF AMERICA NEVADA
TYPE NAME(S)

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

REQUESTED BY
B of A
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'95 JUN -5 A1:12

LINDA SLATER
RECORDER
\$16 PAID **ke** DEPUTY

11. Return Copy to:

NAME BANK OF AMERICA NEVADA
ADDRESS UNIT #1738
CITY, STATE ATTN: UCC CLERK
AND ZIP P.O. BOX 6012
PASADENA, CA 91102-6012

Trust Account Number
(If Applicable) **363458**
750077

BR0695PG0533