STATE OF NEVADA UNIFORM COMMERCIAL CODE—FINANCING STATEMENT CHANGE—FORM UCC-2 JCC-2 G79 NV IMPORTANT—Read instructions on back before filling out form

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	MENT is presented for filing pu		
1. FILE NO. OF ORIG. FINANCING STATEMENT	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT	1B. DATE OF ORIG. FINANCING S	STATEMENT
07859 2. DEBTOR (LAST NAME FIRST)	1/3/95	11/14/94	Douglas 2A. SOCIAL SECURITY OF FEDERAL TAX NO
Donati, Donald 28. MAILING ADDRESS		2C. CITY, STATE	8279 2D. ZIP CODE
1451 Mary Jo 3. ADDITIONAL DEBTOR (IF ANY) (LACT NAME PIDOT)	Gardnervill	3A. SOCIAL SECURITY OR FEDERAL TAX NO
	LASI NAME FIRST)	·	
Donati, Pamela 3B. MAILING ADDRESS		3C. CITY STATE	6300 3D . ZIP CODE
same			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4. SECURED PARTY			4A. SOCIAL SECURITY NO., FED. TAX NO.
NAME Norwest Finan	of al		OR BANK TRANSIT AND A.B.A. NO.
	Moana Ln		
city Reno	state $N_{ m V}$	ZIP CODE	30502
5. ASSIGNEE OF SECURED PARTY			5A. SOCIAL SECURITY NO., FED. TAX NO.
NAME			OR BANK TRANSIT AND A.B.A. NO.
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
and date shown above which growing or to b	e is continued. If collateral is cro e grown in Item 7 below.	ps or timber, check here 🗌	and Secured Party bearing the file number and insert description of real property on number shown above, the Secured Party
Party's rights under the	Financing Statement bearing the	e file number shown above in	he Assignee above named, all the Secured the collateral described in Item 7 below.
	Secured Party certifies that the Secured Party shown above.	Secured Party no longer cla	ms a security interest under the Financing
AMENDMENT—The Fi	nancing Statement bearing the required on all amendements.)	file number shown above i	s amended as set forth in Item 7 below.
F OTHER			
8	(Date) <u>5/23</u>	and the second s	9. This Space for Use of Filing Officer (Date, Time, Filing Office)
Ву:	Kathy Garcia CSR	(TITLE)	REQUESTED BY Norwest Financis IN OFFICIAL RECORDS OF DOUGLAS CO NEVADA
SIGNATURE(S) OF SEC		(JATLE)	
NAME Norwest Fi ADDRESS 323 E Moan CITY, STATE Reno, Nv.	a Ln	363751	195 JUN -9 A10:22 LINDA SLATER RECORDER
L	DI O	COEDCISOI	\$/ PAIDS DEPUTY
(1) Filing Officer Copy - Numerical	RK O.	695PG1291	•
Uniform Commercial Code—Form UC	CC-2 Approved b	y the Secretary of State (353	6(2) STANDARD FORM—FILING FEE \$4.
	<i>,</i> .		′ •