

0633453-9007

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 07357	1A. Date of Filing of Orig. Financing Statement NOVEMBER 22, 1991	1B. Date of Orig. Financing Statement NOVEMBER 13, 1991	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 type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) WENCO, INC., A NEVADA CORPORATION		2A. SOCIAL SECURITY OR FEDERAL TAX NO. 88-0256379	
2B. MAILING ADDRESS (As Appears on Original Financing Statement) 16017 EDMANDS DRIVE		2C. CITY, STATE RENO, NEVADA	2D. ZIP CODE 89511
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		3A. SOCIAL SECURITY OR FEDERAL TAX NO.	
3B. MAILING ADDRESS		3C. CITY, STATE	3D. ZIP CODE
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 VALLEY BANK OF NEVADA MAILING ADDRESS P.O. BOX 20000 CITY RENO STATE NV ZIP CODE 89520-0025		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) June 20, 1995

By _____
SIGNATURE(S) OF DEBTORS (TITLE)

By Steve Ap
SIGNATURE(S) OF SECURED PARTY(IES) TYPE NAME(S)
D. AX, PORTFOLIO ADMINISTRATOR
VALLEY BANK OF NEVADA/BANK OF AMERICA NEVADA BY MERGER
TYPE NAME(S)

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

REQUESTED BY
Bank of America
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

11. **Return Copy to:**

NAME	BANK OF AMERICA NEVADA	Trust Account Number
ADDRESS	UNIT #1738	(If Applicable)
CITY, STATE AND ZIP	ATTN: UCC CLERK	750077
	P.O. BOX 6012	
	PASADENA, CA 91102-6012	

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LINDA SLATER
RECORDER

\$150 PAID DEPUTY

(265516)

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