

**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 <b>251665</b>	1A. Date of Filing of Orig. Financing Statement <b>May 30, 1991</b>	1B. Date of Orig. Financing Statement <b>May 13, 1991</b>	1C. Place of Filing Orig. Financing Statement <b>Douglas County, NV</b>
2. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>Lockman, Donald, A.</b>		2A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>██████-0907</b>	
2B. MAILING ADDRESS <b>P.O. Box 1632</b>		2C. CITY, STATE <b>Zephyr Cove, NV</b>	2D. ZIP CODE <b>89448</b>
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>Lockman, Francie T.</b>		3A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>██████-9240</b>	
3B. MAILING ADDRESS <b>P.O. Box 1632</b>		3C. CITY, STATE <b>Zephyr Cove, NV</b>	3D. ZIP CODE <b>89448</b>
4. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
5. SECURED PARTY NAME <b>First Interstate Bank of Nevada, N.A. Dept. 754</b> MAILING ADDRESS <b>P.O. Box 98588</b> CITY <b>Las Vegas</b> STATE <b>NV</b> ZIP CODE <b>89193-8588</b>		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. <b>1212-00019</b>	
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 checked="" 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 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. Any changes made to Items 2 thru 6 above must be made in Item 8 below. (Signature of Debtor(s) and Secured Party(ies) required on all amendments.)			
8. _____			

9. (Date) November 27 19 95

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

By *Alberta Neal* (SIGNATURE(S) OF SECURED PARTY(IES)) Supervisor (TITLE)  
**First Interstate Bank of Nevada, N.A. Alberta Neal**  
 TYPE NAME(S)

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

REQUESTED BY  
**FIB**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

**'95 DEC -1 A11:09**

LINDA SLATER  
RECORDER  
**\$16 PAID K Deputy**

11. Return Copy to: 12-4879194643 CBC#20057

**FIRST INTERSTATE BANK**  
**P.O. BOX 3330**  
**M/S: BV-120**  
**PORTLAND, OR 97208**

Trust Account Number (If Applicable) \_\_\_\_\_

THIS SPACE FOR USE OF FILING OFFICER

**376149**  
**BK 1295PG0044**