

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 N/A	1A. Date of Filing of Orig. Financing Statement N/A	1B. Date of Orig. Financing Statement APRIL 13, 1995	1C. Place of Filing Orig. Financing Statement N/A
2. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) LIVENGOOD, MARK			2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS P.O. BOX 2265/ 1631 FINCH MINDEN, NV.		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) LIVENGOOD, KAREN			3A. SOCIAL SECURITY OR FEDERAL TAX NO.
3B. MAILING ADDRESS P.O. BOX 2265/ 1631 FINCH, MINDEN, NV.		3C. CITY, STATE GARDNERVILLE, NV.	3D. ZIP CODE 89410
4. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
5. SECURED PARTY NAME NORWEST FINANCIAL NEVADA, INC. MAILING ADDRESS 3861 S. CARSON ST. CITY CARSON CITY STATE NEVADA ZIP CODE 89701			5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
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 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. 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.			

THIS SPACE FOR USE OF FILING OFFICER

9.

By *Mark Livengood* (Date) _____ 19____

MARK LIVENGOOD (SIGNATURE(S) OF DEBTOR(S)) KAREN LIVENGOOD (TITLE)

By *Nore Gandette* TYPE NAME(S) _____

NORWEST FINANCIAL NEVADA, INC. (SIGNATURE(S) OF SECURED PARTY(IES)) MANAGER (TITLE)

TYPE NAME(S) _____

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

REQUESTED BY
STEWART TITLE OF DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'95 DEC -4 P3:09

LINDA SLATER
RECORDER

\$16.00 PAID *JS* DEPUTY

11. **Return Copy to:**

NAME ADDRESS CITY, STATE AND ZIP STEWART TITLE OF DOUGLAS COUNTY 1650 NORTH LUCERNE MINDEN, NV. 89423 ESCROW #95081752	Trust Account Number (If Applicable)
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YELLOW—Alphabetical; PINK—Acknowledgement;
GREEN—Secured Party; BLUE—Debtor.

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