

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 6818 194499 189 1852	1A. Date of Filing of Orig. Financing Statement 1-18-89	1B. Date of Orig. Financing Statement	1C. Place of Filing Orig. Financing Statement DOUGLAS COUNTY
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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
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2B. MAILING ADDRESS (As Appears on Original Financing Statement) 1163 CARY CREEK CT. ROUTE #1	2C. CITY, STATE GARDNERVILLE, NV.	2D. ZIP CODE 89410
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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
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3B. MAILING ADDRESS 1163 CARY CREEK CT. ROUTE #1	3C. CITY, STATE GARDNERVILLE, NV.	3D. ZIP CODE 89410
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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.
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4B. MAILING ADDRESS	4C. CITY, STATE	4D. ZIP CODE
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5. SECURED PARTY NAME BANK OF AMERICA NEVADA MAILING ADDRESS P.O. BOX 98600 CITY LAS VEGAS STATE NV ZIP CODE 89193-8600	5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 94-72/1224
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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.
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7. A. 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 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. 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. 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. 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. 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) December 08, 1995

By _____
SIGNATURE(S) OF DEBTORS (TITLE)

By _____
SIGNATURE(S) OF SECURED PARTY(IES) **WALTER G. TARRANT, VP**
BANK OF AMERICA NEVADA
TYPE NAME(S)

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

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

'95 DEC 26 P12:08

377535 LINDA SLATER
RECORDER
\$16 PAID K DEPUTY

11. **Return Copy to:**

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