

# 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>374537</b>	1A. Date of Filing of Orig. Financing Statement <b>November 9, 1995</b>	1B. Date of Orig. Financing Statement <b>November 8, 1995</b>	1C. Place of Filing Orig. Financing Statement <b>Douglas County, NV</b>
2. DEBTOR (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <b>The Nugget, LTD, A Nevada Limited Liability Co.</b> <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>68-0347699</b>	
2B. MAILING ADDRESS <b>P.O. Box 12337</b>		2C. CITY, STATE <b>Zephyr Cove, NV</b>	2D. ZIP CODE <b>89449</b>
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(S) ON ATTACHED SHEET

5. SECURED PARTY

NAME <b>Truckee River Bank Attn: Construction Loan Dept.</b> MAILING ADDRESS <b>Box 61000</b> CITY <b>Truckee</b> STATE <b>CA</b> ZIP CODE <b>96160</b>	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.  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 in 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 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) **August 7** 19 **96**

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

By *Kathy Osburn* (SIGNATURE(S) OF SECURED PARTY(IES)) \_\_\_\_\_ (TITLE)  
**Kathy Osburn, Documentation Specialist** (TYPE NAME(S))

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

**REQUESTED BY**  
*Sierra West Bank*  
**IN OFFICIAL RECORDS OF**  
**DOUGLAS CO., NEVADA**

**'96 AUG 12 P4:21**

**LINDA SLATER**  
**RECORDER**

**PAID \$15.00 k2 DEPUTY**

YELLOW—Alphabetical; PINK—Acknowledgement; GREEN—Secured Party; BLUE—Debtor.

11.  Return Copy to:

NAME <b>SierraWest Bank</b> ADDRESS <b>Attn: Kathy Osburn</b> CITY, STATE AND ZIP <b>Box 61000 Truckee, CA 96160</b>	Trust Account Number (If Applicable)
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THIS SPACE FOR USE OF FILING OFFICER

**394126**  
**BK0896PG2127**