

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 314094	1A. Date of Filing of Orig. Financing Statement 8/2/93	1B. Date of Orig. Financing Statement July 30, 1993	1C. Place of Filing Orig. Financing Statement Douglas Co. Recorder
2. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Brown, Richard Mack		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 6238	
2B. MAILING ADDRESS P.O. Box 351		2C. CITY, STATE Zephyr Cove, NV	2D. ZIP CODE 89448
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Brown, Patricia M.		3A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 1927	
3B. MAILING ADDRESS P.O. Box 351		3C. CITY, STATE Zephyr Cove, NV	3D. ZIP CODE 89448
4. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
5. SECURED PARTY NAME Nevada Banking Company MAILING ADDRESS P.O. Box 5700 CITY Stateline STATE NV ZIP CODE 89449		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0170659	
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. **1981 Fleetwood Spring Hill 60'X 24' mobile home, Serial Number CAFL2ABBB511703059; whether owned now or acquired later; all accessions, additions, replacements, and substitutions; all records of any kind relating to the foregoing; all proceeds (including insurance, general intangibles and accounts proceeds).**

9. (Date) October 1 1996

By _____ (TITLE)

SIGNATURE(S) OF DEBTOR(S)

TYPE NAME(S)

By _____ (TITLE)

[Signature]
SIGNATURE(S) OF SECURED PARTY(IES)

Senior Vice President

URSULA K. PREBEZAC
TYPE NAME(S)

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

REQUESTED BY
Nevada Banking Co
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 OCT -3 11:33

LINDA SLATER
RECORDER

\$16⁰⁰ PAID *[Signature]* DEPUTY

397866

BK 1096 PG 0363

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

11. Return Copy to:

NAME ADDRESS CITY, STATE AND ZIP	Trust Account Number (If Applicable)
NEVADA BANKING COMPANY P.O. BOX 5700 STATELINE, NV 89449	_____