

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 348393	1A. Date of Filing of Orig. Financing Statement Oct 12, 1994	1B. Date of Orig. Financing Statement 9/30/94	1C. Place of Filing Orig. Financing Statement Douglas County Recorder
2. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) MARTON, INC.		2A. SOCIAL SECURITY OR FEDERAL TAX NO. 88-0112164	
2B. MAILING ADDRESS P.O. XXXX Box 1205		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) HOUSTON, ARTHUR W.		3A. SOCIAL SECURITY OR FEDERAL TAX NO. ██████████-5518	
3B. MAILING ADDRESS 1209 Manhattan		3C. CITY, STATE Gardnerville, NV	3D. ZIP CODE 89410
4. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
5. SECURED PARTY NAME Nevada Banking Company MAILING ADDRESS 1374 Hwy 395 N. CITY Gardnerville STATE NV ZIP CODE 89410		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-170659	
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 checked="" 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. (Date) Oct. 28, 1996

By _____ (TITLE) _____
SIGNATURE(S) OF DEBTOR(S)

By Susan C. Potter (TITLE) Assistant Branch Manager
SIGNATURE(S) OF SECURED PARTY(IES)

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

400123
BK 1196PG0110

96 NOV -1 110:48

LINDA SLATER
RECORDER
\$16.00 PAID Kr DEPUTY

11. Return Copy to:

NAME ADDRESS CITY, STATE AND ZIP **Nevada Banking Company 1374 Highway 395, North Gardnerville, NV 89410**

Trust Account Number (If Applicable) _____