

# 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>07213</b>	1A. Date of Filing of Orig. Financing Statement <b>1-3-91</b>	1B. Date of Orig. Financing Statement <b>1-3-91</b>	1C. Place of Filing Orig. Financing Statement <b>DOUGLAS</b>
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) <b>AUFDENKAMP, DON</b>			2A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>██████████3500</b>
2B. MAILING ADDRESS (As Appears on Original Financing Statement) <b>P.O. Box 2057</b>		2C. CITY, STATE <b>Gardnerville, NV</b>	2D. ZIP CODE <b>89410</b>
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>AUFDENKAMP, LAYNE</b>			3A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>██████████0224</b>
3B. MAILING ADDRESS <b>P.O. Box 2057</b>		3C. CITY, STATE <b>Gardnerville, NV</b>	3D. ZIP CODE <b>89410</b>
4. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>LIVING WATER</b>			4A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>88-0309383</b>
4B. MAILING ADDRESS <b>1591 Scoti Lane, P.O. Box 2057</b>		4C. CITY, STATE <b>Gardnerville, NV</b>	4D. ZIP CODE <b>89410</b>
5. SECURED PARTY NAME <b>TONY GRASSO and THERESA GRASSO</b> MAILING ADDRESS <b>P.O. Box 4377</b> CITY <b>Stateline</b> STATE <b>NV</b> ZIP CODE <b>89449</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. (Signature of Debtor(s) and Secured Party(ies) required on all amendments.)

8. **Debt paid in full.**

9. (Date) September 16 19 96

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

By Tony Grasso \_\_\_\_\_ (TITLE) \_\_\_\_\_  
SIGNATURE(S) OF SECURED PARTY(IES)

**TONY GRASSO** **THERESA GRASSO**  
TYPE NAME(S)

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

**REQUESTED BY**  
*Living Water*  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO., NEVADA

**MAR 14 P3:11**

**LINDA SLATER**  
 RECORDER

**PAID \$17.00 DEPUTY**

Trust Account Number (If Applicable) \_\_\_\_\_

11. **Return Copy to:**

**LIVING WATER**  
 ADDRESS **P.O. Box 2057**  
 CITY, STATE AND ZIP **Gardnerville, NV 89410**

THIS SPACE FOR USE OF FILING OFFICER

0408454  
 BK0397PG2179

**242188**