

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 343045 | 1A. Date of Filing of Orig. Financing Statement 8/1/94 | 1B. Date of Orig. Financing Statement NV | 1C. Place of Filing Orig. Financing Statement Douglas County |
| 2. DEBTOR (As Appears on Original Financing Statement) (ONE NAME ONLY) | | 2A. SOCIAL SECURITY OR FEDERAL TAX NO. | |
| <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Ristuben, Kenneth W. Ristuben, Sandra W. | | | |
| 2B. MAILING ADDRESS (As Appears on Original Financing Statement) 1666 US Highway 395 | | 2C. CITY, STATE Minden NV | 2D. ZIP CODE 89423 |
| 3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) | | 3A. SOCIAL SECURITY OR FEDERAL TAX NO. | |
| <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) | | | |
| 3B. MAILING ADDRESS | | 3C. CITY, STATE | 3D. ZIP CODE |

| | | | |
|--|--|--|--|
| 4. <input type="checkbox"/> ADDITIONAL DEBTOR (S) ON ATTACHED SHEET | | | |
| 5. SECURED PARTY NAME MetLife Capital Corporation MAILING ADDRESS 10900 NE 4th St., Suite 500 CITY Bellevue STATE WA ZIP CODE 98004 | | 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.

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2216592-007 AMC Douglas County, NV, filed in the Real Estate records, BK0894PG0110

9.

Ristuben, Kenneth W. (Date) _____ 19____
Ristuben, Sandra W.

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

MetLife Capital Corporation TYPE NAME(S)
By Andrea M. Chace (TITLE)
SIGNATURE(S) OF SECURED PARTY(IES)

Andrea M. Chace, Senior Contract Admin.
TYPE NAME(S)

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

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BK0697PG4897

11. Return Copy to:

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CITY, STATE Springfield, IL 62703
AND ZIP _____

Trust Account Number (If Applicable) _____