

Douglas NV

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 07610* | 1A. Date of Filing of Orig. Financing Statement 7-28-93 | 1B. Date of Orig. Financing Statement | 1C. Place of Filing Orig. Financing Statement Douglas County, Nevada |
| 2. DEBTOR (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) HARRAH'S, a Nevada corporation | | | 2A. SOCIAL SECURITY OR FEDERAL TAX NO. 62-1076292 |
| 2B. MAILING ADDRESS 206 N. Virginia Street | | 2C. CITY, STATE Reno, NV | 2D. ZIP CODE 89504 |
| 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. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET | | | |
| 5. SECURED PARTY NAME BANKERS TRUST COMPANY, as Collateral Agent MAILING ADDRESS 130 Liberty Street CITY New York STATE New York ZIP CODE 10006 | | | 5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 13-4941247 |
| 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. *This Termination to be recorded and indexed in both the UCC records and the real estate records: No. 313617 Book 0793 Page 5607 | | | |

0 addl. pages

9. _____ (Date) _____ 19____

By _____ (TITLE)

By Mary Kay Coyle (TITLE)
Mary Kay Coyle

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

REQUESTED BY
Lexis
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

97 OCT 16 P1:54

11. Return Copy to:
Return To:
LEXIS Document Services
801 Adlai Stevenson Drive
Springfield, IL 62703
Phone: (217) 544-5900

Trust Account Number (If Applicable)

LINDA SLATER
RECORDER
\$15.00 PAID DEPUTY
YELLOW—Alphabetical; PINK—Acknowledgement;
GREEN—Secured Party; BLUE—Debtor.

THIS SPACE FOR USE OF FILING OFFICER

0424152
BK 1097PG3163