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UNIFORM COMMERCIAL CODE — FINANCING STATEMENT CHANGE — FORM N-UCC-2

This STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code

MPORTANT: 1013048-313041 Read instructions on back before filling out form.	Receip	ot No
1. File No. of Orig. Financing Statement 344019 0894 2575 440811	Statement 18. Date of Orig. Financing Statement 940815	1C. Place of Filing Orig. Financing Statement DOUGLAS COUNTY NV
DEBTOR (ONE NAME ONLY) LEGAL BUSINESS NAME M INDIVIDUAL (LAST NAME FIRST) SHANKLE, AL		2A. SOCIAL SECURITY OR FEDERAL TAX NO.
B. MAILING ADDRESS PO BOX 93	2C. CITY, STATE GENOA NV	20. ZIP CODE 89411
ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) JAGER, WILL GEAL BUSINESS NAME MINDIVIDUAL (LAST NAME FIRST) JAGER FAMILY TRUST	LBUR BRADSHAW, TRUSTEE OF T dated November 2, 1988	THE3A. SOCIAL SECURITY OR FEDERAL TAX NO. 3D. ZIP CODE
B. MAILING ADDRESS PO BOX 96	· ·	NV 89413
. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET		
NORWEST BANK - NEVADA MAILING ADDRESS 3300 W SAHARA AVENUE	ZIP CODE 89102	5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
CITY LAS VEGAS STATE NV ASSIGNEE OF SECURED PARTY (If Any)	ZIF CODE 89102	6A. SOCIAL SECURITY NO. FEDERAL TAX NO.
NAME MAILING ADDRESS		OR BANK TRANSIT AND A.B.A. NO.
CITY STATE	ZIP CODE	
A. is crops or timber fixtures, or oil gas or minerals check h	ere \(\) and insert description of real property on which	ile number and date shown above is continued. If collateral growing or to be grown or to which affixed or to be affixed tate. Effective only if submitted within 6 months prior to
B. RELEASE—From the collateral described in the Financing below. Release does not terminate debt.	g Statement bearing the file number shown above, the	Secured Party releases the collateral described in Item 8
Statement bearing the file number shown above in the co		Il or part of the Secured Party's rights under the Financing
D. K TERMINATION—The Secured Party certifies that the Secured	red Party no longer claims a security interest under the	Financing Statement bearing the file number shown above.
		below Any changes made to Items 2 thru 6 above must be
BySIGNATURE(S) OF DEBTOR(S)	MBER 19, 19 97	Number and Filing Officer) REQUESTED BY
NORWEST BANK NEVADA, NA	1	IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA '97 NOV 24 A10:29
TYPE NAME(S) 1. Return Conv. to:		70
NAME NORWEST BANK NEVADA, NA RODRESS RITY, STATE PO BOX 30064 RENO NV 89520-3064	Trust Account Number (II Applicable)	LINDA SLATER RECORDER PAID / DEPUTY
ATTN: KATHIE	t	YELLOW-Alphabetical; PINK-Acknowledgement;