

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 BK370742BK995PG2767		1A. Date of Filing of Orig. Financing Statement 9-19-95		1B. Date of Orig. Financing Statement		1C. Place of Filing Orig. Financing Statement DOUGLAS CITY	
2. DEBTOR (As Appears on Original Financing Statement) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) UNITED ELECTRIC SERVICE INC						2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS (As Appears on Original Financing Statement) 2241 PARK PL A				2C. CITY, STATE MINDEN NV		2D. ZIP CODE 89423	
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. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)						4A. SOCIAL SECURITY OR FEDERAL TAX NO.	
4B. MAILING ADDRESS				4C. CITY, STATE		4D. ZIP CODE	
5. SECURED PARTY NAME FIRST INTERSTATE BANK OF NEVADA MAILING ADDRESS 711 W BROADWAY 4015-011 CITY TEMPE STATE AZ ZIP CODE 85282						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. <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. (Signature of Debtor(s) and Secured Party(ies) required on all amendments.)							

8. _____

9. (Date) **NOVEMBER 17,** 19 **97**

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

_____ (TYPE NAME(S))

By _____ (SIGNATURE(S) OF SECURED PARTY(IES)) **AUTHORIZED SIGNER** (TITLE)

_____ (TYPE NAME(S)) **YNEZ GARCIA**

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

REQUESTED BY
United Electric Serv
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

'97 DEC 15 11:09

LINDA SLATT
 RECORDER

\$15.00 PAID TO DEPUTY

0428482
 BK 1297PG2950

11. **Return Copy to:**

UNITED ELECTRICAL SERVICE INC
 2241 PARK PL A
 MINDEN NV 89423
 012-746-0146324-9001 VTK

Trust Account Number (If Applicable)