

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 08055	1A. Date of Filing of Orig. Financing Statement 1/30/XX 96	1B. Date of Orig. Financing Statement 1/23/96	1C. Place of Filing Orig. Financing Statement Douglas County
2. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) BLADES, ERROL D.		2A. SOCIAL SECURITY OR FEDERAL TAX NO. 556-50-0318	
2B. MAILING ADDRESS P.O. Box 2842		2C. CITY, STATE Minden, NV	2D. ZIP CODE 89423
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) BLADES, SUSAN J.		3A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 1417	
3B. MAILING ADDRESS P.O. Box 2842		3C. CITY, STATE Minden, NV	3D. ZIP CODE 89423
4. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
5. SECURED PARTY NAME Nevada Banking Company MAILING ADDRESS 1374 Hwy 395 North CITY Gardnerville, STATE NV ZIP CODE 89410			5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0170659
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 checked="" 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. _____			

9. (Date) March 10, 1998

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

By Susan C. Potter (SIGNATURE(S) OF SECURED PARTY(IES)) (TITLE)
Assistant Branch Manager

TYPE NAME(S) _____

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

REQUESTED BY
Nevada Banking Co
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

98 MAR 12 10:55

LINDA SLATER
RECORDER
16 PAID DEPUTY

YELLOW—Alphabetical; PINK—Acknowledgement; GREEN—Secured Party; BLUE—Debtor.

11. **Return Copy to:**

NAME Nevada Banking Company ADDRESS 1374 Hwy 395 North CITY, STATE AND ZIP Gardnerville, NV 89410	Trust Account Number (If Applicable) _____
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THIS SPACE FOR USE OF FILING OFFICER

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