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

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

MPORTANT: Read instructions on back before filling out form.	Receip	ot No		
. File No. of Orig. Financing Statement 386607 1A. Date of Filing of Orig. Financing Statement 4/30/96	1B. Date of Orig. Financing Statement 4/15/96		Place of Filing Orig. Financing Statement Douglas County	
DEBTOR (ONE NAME ONLY) CI LEGAL BUSINESS NAME KINDIVIDUAL (LAST NAME FIRST) ROOKER, GEORGE A.		2A. SOCIAL SECURITY OF	R FEDERAL TAX NO.	
B. MAILING ADDRESS	2C. CITY, STATE	NIV.	20. ZIP CODE	
P.O. Box 1846 ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY)	Gardnerville,	INV 3A. SOCIAL SECURITY O	89410 R FEDERAL TAX NO.	
X LEGAL BUSINESS NAME ☐ INDIVIDUAL (LAST NAME FIRST) Carson Valley Automa B. MAILING ADDRESS	art 3C. CITY, STATE		3D. ZIP CODE	
P.O. Box 1846	Gardnerville,	NV	89410	
. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET				
Nevada Banking Company MAILING ADDRESS 1374 Hwy 395 North CITY Gardnerville, STATE NV	ZIP CODE 89410	5A. SOCIAL SECURITY NOR BANK TRANSIT	IO. FEDERAL IAX NO. AND A.B.A. NO.	
ASSIGNEE OF SECURED PARTY (If Any) NAME		6A. SOCIAL SECURITY N OR BANK TRANSIT	IO. FEDERAL TAX NO. AND A.B.A. NO.	
MAILING ADDRESS				
CITY . STATE CONTINUATION—The original Financing Statement between the forego	ZIP CODE			
or from which to be extracted in Item 8 below. If crops or fixtures, a expiration date. B. RELEASE—From the collateral described in the Financing Statement				
ASSIGNMENT—The Secured Party certifies that the Secured Party ba	s assigned to the Assignee above named, al	or part of the Secured Party's rig	hts under the Financing	
Statement dearing the me number shown above in the conateral des				
D. TERMINATION—The Secured Party certifies that the Secured Party no				
E. AMENDMENT—The Financing Statement bearing the file number show made in Item 8 below. (Signature of Debtor(s) and Secured Party(in	vn above is amended as set forth in Item 8 b es) required on all amendments.)	elow. Any changes made to Items	2 thru 6 above must be	
(Date) May 1	.3, 19 98	This Space for Use of Filing Number and Filing Officer)	Officer: (Date, Time, Fil	
BY SIGNATURE(S) OF DEBTOR(S) (TITLE) TYPE NAME(S) BY SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)		REQUESTED REQUESTED	~ King CO	
Susan C. Potter Assistant Bra	anch Manager	'98 MAY 15 AI	1:04 =	
AME Nevada Banking Company DIRESS TY, STATE HD ZIP Nevada Banking Company 1374 Hwy 395 North Gardnerville, NV 89410	Trust Account Number (II Applicable)	LINDA SLA SORECORD SO PAID K YELLOW—Alphabetical; PINK- GREEN—Secured Party;	ER 2DEPUT	

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