

**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 <b>0414299</b>	1A. Date of Filing of Orig. Financing Statement <b>6/4/97</b>	1B. Date of Orig. Financing Statement <b>6/4/97</b>	1C. Place of Filing Orig. Financing Statement <b>Douglas County, NV</b>
2. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>Harvey's Casino Resorts</b>			2A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>6882</b>
2B. MAILING ADDRESS <b>Highway 50</b>		2C. CITY, STATE <b>Stateline NV</b>	2D. ZIP CODE <b>89449</b>
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 <b>Casino Data Systems</b> MAILING ADDRESS <b>3300 Birtcher Drive</b> CITY <b>Las Vegas</b> STATE <b>NV</b> ZIP CODE <b>89118</b>			5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. <b>3265</b>
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.			

9. (Date) \_\_\_\_\_ 19\_\_

By \_\_\_\_\_ (TITLE)  
SIGNATURE(S) OF DEBTOR(S)  
**Harvey's Casino Resorts**  
TYPE NAME(S)

By David Lucchese (TITLE)  
SIGNATURE(S) OF SECURED PARTY(IES)  
**David Lucchese, Vice President of Sales**  
TYPE NAME(S)

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

REQUESTED BY  
Casino Data Sys  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

11. Return Copy to:

Bruce Benson c/o CDS  
3300 Birtcher Drive  
Las Vegas, NV 89118

NAME ADDRESS CITY, STATE AND ZIP

Trust Account Number (if Applicable) **0440979**  
**750455**

'98 JUN -1 10:21

LINDA SLATER  
RECORDER

**BK0698PG0078** \$15.00 PAID K2 DEPUTY

(414229)