

# 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>388090</b>	1A. Date of Filing of Orig. Financing Statement <b>MAY 17, 1996</b>	1B. Date of Orig. Financing Statement <b>MAY 17, 1996</b>	1C. Place of Filing Orig. Financing Statement <b>DOUGLAS COUNTY</b>
2. DEBTOR (As Appears on Original Financing Statement) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>KOLBE, ERNEST ALBERT</b>		2A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>██████████ 6091</b>	
2B. MAILING ADDRESS (As Appears on Original Financing Statement) <b>PO BOX 712</b>		2C. CITY, STATE <b>MINDEN, NV</b>	2D. ZIP CODE <b>89423</b>
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>KOLBE, AURALEE</b>		3A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>██████████ 5998</b>	
3B. MAILING ADDRESS <b>PO BOX 712</b>		3C. CITY, STATE <b>MINDEN, NV</b>	3D. ZIP CODE <b>89423</b>
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 <b>FIRST INTERSTATE BANK OF NEVADA, N.A.</b> MAILING ADDRESS <b>416 ESMERALDA AVE.</b> CITY <b>MINDEN</b> STATE <b>NV</b> ZIP CODE <b>89423</b>		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.  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  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.  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.  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.  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.  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) JUNE 2 19 98

By \_\_\_\_\_ (SIGNATURE(S) OF DEBTOR(S)) \_\_\_\_\_ (TITLE)

By \_\_\_\_\_ (SIGNATURE(S) OF SECURED PARTY(IES)) \_\_\_\_\_ (TITLE)

**Wells Fargo Bank, National Association, successor by merger to First Interstate Bank of Nevada, N.A.** **VANESSA KNEIP**  
 (TYPE NAME(S)) (TITLE)

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

REQUESTED BY  
**Wells Fargo Bank**  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO., NEVADA

**'98 JUN 10 10:05**

**LINDA SLATER**  
**RECORDER**  
**\$16<sup>00</sup> PAID** **DEPUTY**

0441669  
 BK0698PG2358

11.  ERNEST ALBERT KOLBE  
 NAME  
 ADDRESS **PO BOX 712**  
 CITY, STATE AND ZIP **MINDEN, NV 89423**

Trust Account Number (If Applicable)

**501 320 0096659 9001/012 746 1275429 9001**  
**TRD DOUGLAS COUNTY**