

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 344019	1A. Date of Filing of Orig. Financing Statement August 15, 1994	1B. Date of Orig. Financing Statement August 11, 1994	1C. Place of Filing Orig. Financing Statement Douglas County, Nevada
2. DEBTOR (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) SHANKLE, AL			2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS P.O. BOX 93		2C. CITY, STATE GENOA, NV	2D. ZIP CODE 89411
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) JAGER, WILBUR BRADSHAW, TRUSTEE OF THE JAGER 1988 FAMILY TRUST dated NOVEMBER 2, 1988			3A. SOCIAL SECURITY OR FEDERAL TAX NO.
3B. MAILING ADDRESS P.O. BOX 96		3C. CITY, STATE GLENBROOK, NV	3D. ZIP CODE 89413
4. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
5. SECURED PARTY NAME PRIMERIT BANK, FEDERAL SAVINGS BANK MAILING ADDRESS 580 E. PLUMB LANE CITY RENO STATE NEVADA ZIP CODE 89502			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. 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.			

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) JUNE 11, 1998

By _____
Norwest Bank Nevada, National Association, successor in interest to
Norwest Bank Nevada, F.S.B., attorney in fact for PriMerit Bank
Federal Savings Bank

By MARLYS MELIN
Signature of Secured Party(ies) Authorized Representative

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

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'98 JUN 29 P12:20

LINDA SLATER
RECORDER
\$17.00 PAID DEPUTY

0443145
BK0698900K

11. Return Copy to:
NORWEST BANK ARIZONA, NATIONAL ASSOCIATION

NAME P.O. BOX 10399, M.S. 9124, (740) MR Trust Account Number (If Applicable)
ADDRESS PHOENIX, AZ 85064
CITY, STATE AND ZIP