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REORDER FROM  
Registre, Inc.  
514 PIERCE ST.  
P.O. BOX 218  
ANDOKA, MN. 55303  
(612) 421-1713

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# 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 08010 BK 1095 PG 5145		1A. Date of Filing of Orig. Financing Statement 10-30-95		1B. Date of Orig. Financing Statement		1C. Place of Filing Orig. Financing Statement DOUGLAS COUNTY	
2. DEBTOR (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) WINN, HOWARD L.				2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 3179			
2B. MAILING ADDRESS 1010 SAGEBRUSH CT.				2C. CITY, STATE GARDNERVILLE, NV.		2D. ZIP CODE 89410	
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) WINN, HELEN J.				3A. SOCIAL SECURITY OR FEDERAL TAX NO.			
3B. MAILING ADDRESS 1010 SAGEBRUSH CT.				3C. CITY, STATE GARDNERVILLE, NV.		3D. ZIP CODE 89410	
4. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET							
5. SECURED PARTY NAME SEARS ROEBUCK & CO. MAILING ADDRESS 5400 UNIV. AVE STE A CITY W. DES MOINES STATE IA ZIP CODE 50266				5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 36-1750-680			
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. 02 87018 24320 7							

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) 6-10- 98

By \_\_\_\_\_ (TITLE)

By SEARS ROEBUCK & CO./O. OXFORD UCC SPEC. (TITLE) O. Oxford

By \_\_\_\_\_ (TITLE)

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

REQUESTED BY  
Sears Roebuck & Co  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'98 JUL -6 P3:20

LINDA SLATER  
RECORDER

\$16 PAID DEPUTY

0443605  
BK0798PG0648

11.  Return Copy to:

NAME ADDRESS CITY, STATE AND ZIP  
SEARS ROEBUCK & CO.  
5400 UNIV. AVE STE A  
W. DES MOINES, IA 50266

Trust Account Number (If Applicable)

act 373 830