

IMPORTANT— Read instructions on back before filling out form

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

1. FILE NO. OF ORIG. FINANCING STATEMENT 342968 BK 0794 Pg 4736		1A. DATE OF FILING OF ORIG. FINANCING STATEMENT July 29, 1994		1B. DATE OF ORIG. FINANCING STATEMENT July 29, 1994		Douglas County, NV	
2. DEBTOR (AS APPEARS ON ORIGINAL FINANCING STATEMENT) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) The Ablert Bovenzi & Sandra Bovenzi Liv. Trust						2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 7430	
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) P. O. Box 7321				2C. CITY, STATE Incline Village, NV		2D. ZIP CODE 89452	
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. 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 Comstock Bank/Nevada State Bank MAILING ADDRESS 5450 Riggins Court #2 CITY Reno STATE NV ZIP CODE						5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO. 87-0351422	
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE						6A. SOCIAL SECURITY NO., FED. 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. <b>Effective only if submitted within 6 months prior to expiration date.</b>							
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. <b>Release does not terminate debt.</b>							
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. (Signature of Debtor(s) and Secured Party(ies) required on all amendments)							
8.							

THIS SPACE FOR USE OF FILING OFFICER

9. NSB Loan #0849200-5002 (Date) July 11, 1998  
Comstock Loan #10090795

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

By: Wendy Malcolm (SIGNATURE(S) OF SECURED PARTY(IES)) Commercial Loan Systems Manager (TITLE)  
Wendy Malcolm Nevada State Bank (TYPE NAME(S))

10. This Space for Use of Filing Officer (Date, Time, Filing Office)

REQUESTED BY  
Nevada State Bank  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

11. Return Copy to

Nevada State Bank -C.L.S.D.  
P. O. Box 990  
Las Vegas, NV 89125-0990

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LINDA SLATER  
RECORDER  
0445260 PAID 16.00 DEPUTY