

**UNIFORM COMMERCIAL CODE - FINANCING STATEMENT CHANGE - FORM N-UCC-2**

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

State  County DOUGLAS COUNTY

Receipt No. \_\_\_\_\_

|  |  |  |   |
|--|--|--|---|
| 1. File No. of Orig. Financing Statement<br><b>340176</b>  | 1A. Date of Filing of Orig. Financing Statement<br><b>06/14/94</b> | 1B. Date of Orig. Financing Statement<br><b>06/10/94</b> | 1C. Place of Filing Orig. Financing Statement<br><b>MINDEN, NV</b>                          |
| 2. DEBTOR (As appears on Original Financing Statement) (ONE NAME ONLY)<br><input type="checkbox"/> LEGAL BUSINESS NAME<br><input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>KAMILLE, STUART J.</b>   |  |  | 2A. SOCIAL SECURITY OR FEDERAL TAX NO.<br><b>██████-5250</b>                                |
| 2B. MAILING ADDRESS (As Appears on Original Financing Statement)<br><b>2137 THE BACK ROAD</b>  |  | 2C. CITY, STATE<br><b>GLENBROOK, NEVADA</b>              | 2D. ZIP CODE<br><b>89413</b>  |
| 3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY)<br><input type="checkbox"/> LEGAL BUSINESS NAME<br><input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>KAMILLE, KATHLEEN R.</b>  |  |  | 3A. SOCIAL SECURITY OR FEDERAL TAX NO.<br><b>██████-0178</b>                                |
| 3B. MAILING ADDRESS<br><b>2137 THE BACK ROAD</b>   |  | 3C. CITY, STATE<br><b>GLENBROOK, NEVADA</b>              | 3D. ZIP CODE<br><b>89413</b>  |
| 4. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY)<br><input type="checkbox"/> LEGAL BUSINESS NAME<br><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<br>NAME <b>BANK OF AMERICA NEVADA</b><br>MAILING ADDRESS <b>P.O. BOX 98600</b><br>CITY <b>LAS VEGAS</b> STATE <b>NV</b> ZIP CODE <b>89193</b>   |  |  | 5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.<br><b>94-72-1224</b> |
| 6. ASSIGNEE OF SECURED PARTY (IF ANY)<br>NAME<br>MAILING ADDRESS<br>CITY STATE ZIP CODE  |  |  | 6A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.                      |
| 7. A. <input checked="" 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 the collateral described in Item 8 below.  |  |  |   |
| D. <input 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 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) February 22, 1999

By  SIGNATURE(S) OF DEBTORS (TITLE)

By  SIGNATURE(S) OF SECURED PARTY(IES) TYPE NAME(S)  
**BANK OF AMERICA NT & SA** ANNICE PELENTAY  
 TYPE NAME(S)

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

REQUSTED BY  
*B of A*  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO., NEVADA

11. **Return Copy to:**

|  |                               |
|--|-------------------------------|
| NAME <b>BANK OF AMERICA NT &amp; SA</b>            | Trust Account Number          |
| ADDRESS <b>UNIT #1738</b>                          | (If Applicable) <b>750077</b> |
| CITY, STATE AND ZIP <b>PASADENA, CA 91102-6012</b> |                               |

'99 MAR 18 AM 11:25  
 LINDA SLATER RECORDER  
 \$16 PAID DEPUTY

0463544  
 BK0399PG4142

UNIFORM COMMERCIAL CODE-FORM N-UCC-2 (Rev. 12-91) Approved by the Nevada Secretary of State 07775