

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 07804	1A. Date of Filing of Orig. Financing Statement 9/1/94	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 type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) VALLEY HOME & SPORT CENTER		2A. SOCIAL SECURITY OR FEDERAL TAX NO. 88-0285256	
2B. MAILING ADDRESS 1587 HWY 395		2C. CITY, STATE MINDEN NV	2D. ZIP CODE 89423
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) OH-OH INCORPORATED		3A. SOCIAL SECURITY OR FEDERAL TAX NO. 88-0285256	
3B. MAILING ADDRESS 1587 HWY 395		3C. CITY, STATE MINDEN NV	3D. ZIP CODE 89423
4. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
5. SECURED PARTY NAME NEVADA BANKING COMPANY MAILING ADDRESS 1374 HWY 395 NORTH CITY GARDNERVILLE STATE NV ZIP CODE 89423		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0170659	
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) **12/15 1998**

By *[Signature]* SIGNATURE(S) OF DEBTOR(S) _____ (TITLE) **SECRETARY**

By *[Signature]* TYPE NAME(S) _____ (TITLE) **Vice President**

Brent Holderman TYPE NAME(S)

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

REQUESTED BY **Unisearch Inc**
IN OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA

0465684

'99 APR 14 A10:57

LINDA SLATER
RECORDER
PAID DEPUTY

YELLOW—Alphabetical; PINK—Acknowledgement; GREEN—Secured Party; BLUE—Debtor.

11. Return Copy to:

Please send acknowledgment copy to:

NAME ADDRESS CITY, STATE AND ZIP
**Attn: Carol Blynn
Unisearch, Inc.
8175 South Virginia Suite 850-409
Reno, NV 89511-8981**

Trust Account Number (If Applicable)

BK0499PG2711