

**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 <b>396687/BK0996PG2770</b>		1A. Date of Filing of Orig. Financing Statement <b>SEP 19, 1996</b>		1B. Date of Orig. Financing Statement <b>SEP 11, 1996</b>		1C. Place of Filing Orig. Financing Statement <b>DOUGLAS COUNTY</b>	
2. DEBTOR (As Appears on Original Financing Statement) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>JOHNSON, GREG W</b>				2A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>8541</b>			
2B. MAILING ADDRESS (As Appears on Original Financing Statement) <b>614 STALLION CT</b>				2C. CITY, STATE <b>GARDNERVILLE NV</b>		2D. ZIP CODE <b>89410</b>	
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>JOHNSON, JEANNIE F</b>				3A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>5473</b>			
3B. MAILING ADDRESS <b>SAME AS ABOVE</b>				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 <b>WELLS FARGO BANK</b> MAILING ADDRESS <b>416 ESMERALDA AVE</b> CITY <b>MINDEN</b> STATE <b>NV</b> ZIP CODE <b>89423</b>				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.  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  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.  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.  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.  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.  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. \_\_\_\_\_

9. \_\_\_\_\_ (Date) **MAY 20** 19 **99**

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

By *Choo NG* AUTHORIZED SIGNER TYPE NAME(S)  
 SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)  
**Wells Fargo Bank, National Association, successor-by-merger to** CHOO NG

11. **First Interstate Bank of Nevada, N.A.** Return Copy to:  
 GREG W JOHNSON Trust Account Number (If Applicable)  
 ADDRESS PO BOX 1421  
 CITY, STATE AND ZIP GARDNERVILLE NV 89410

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

RECEIVED BY  
*Wells Fargo Bank*  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO., NEVADA  
 '99 MAY 26 P2:46  
 LINDA SLATER  
 RECORDER  
 PAID DEPUTY  
 (468893)

THIS SPACE FOR USE OF FILING OFFICER: 0468893600

501 320 010006 9001/012 746 1318062 4001  
 5-7-99 CH