

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

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

IMPORTANT:

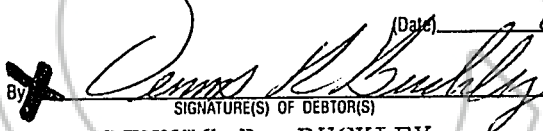
Read instructions on back before filling out form.

Receipt No. _____

1. File No. of Orig. Financing Statement 345433	1A. Date of Filing of Orig. Financing Statement 9/2/94	1B. Date of Orig. Financing Statement 9/1/94	1C. Place of Filing Orig. Financing Statement Douglas County, NV.
2. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) BUCKLEY DENNIS R.			2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 9377
2B. MAILING ADDRESS 1432 B INDUSTRIAL WAY		2C. CITY, STATE GARDNERVILLE NEVADA	2D. ZIP CODE 89410
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) BUCKLEY SUSAN T.			3A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 5302
3B. MAILING ADDRESS SAME AS ABOVE		3C. CITY, STATE	3D. ZIP CODE
4. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
5. SECURED PARTY NAME CARL R. JENSEN MAILING ADDRESS CITY STATE ZIP CODE			5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. [REDACTED] 7711
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. SEE ATTACHED SECURED PARTIES WITH SIGNATURES AND S.S. NOS.			


THIS SPACE FOR USE OF FILING OFFICER

9. _____ (Date) _____ 19__

By  _____ (TITLE) _____

DENNIS R. BUCKLEY

TYPE NAME(S)

 _____ (TITLE) _____

CARL R. JENSEN

TYPE NAME(S)

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

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BK0999PG0021

11. Return Copy to:

NAME ADDRESS CITY, STATE AND ZIP	Trust Account Number (If Applicable)
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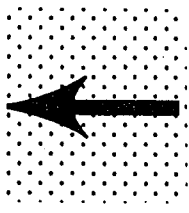
(07805)

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

CONTINUED:

SECURED PARTIES RELEASING INTEREST:

<i>Beverly J. Allardyce</i> BEVERLY ALLARDYCE	<i>[REDACTED]</i> -9008 SOCIAL SECURITY NUMBER
<i>Rudolph S. Gersick</i> RUDOLPH S. GERSICK, TRUSTEE	<i>[REDACTED]</i> -9302 SOCIAL SECURITY NUMBER
<i>Rudolph S. Gersick by Gertrude A. Gersick</i> GERTRUDE A. GERSICK, TRUSTEE	<i>[REDACTED]</i> -9302 SOCIAL SECURITY NUMBER
<i>Jim Manelli</i> JIM MANELLI	<i>[REDACTED]</i> -5000 SOCIAL SECURITY NUMBER



C O R P

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NOTION & RETURN

CONTINUED:

SECURED PARTIES RELEASING INTEREST:

BEVERLY ALLARDYCE

SOCIAL SECURITY NUMBER

Rudolph Gersick
RUDOLPH S. GERSICK, TRUSTEE

[REDACTED] - 9302
SOCIAL SECURITY NUMBER

Rudolph Gersick for
GERTRUDE A. GERSICK, TRUSTEE

[REDACTED] - 6509
SOCIAL SECURITY NUMBER

Jim Manelli
JIM MANELLI

[REDACTED] - 5000
SOCIAL SECURITY NUMBER

COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

1999 SEP -1 AM 10:13

LINDA SLATER
RECORDER

\$18.00 PAID. *Be* DEPUTY

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