

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 07742	1A. Date of Filing of Orig. Financing Statement 4-7-94	1B. Date of Orig. Financing Statement 4-7-94	1C. Place of Filing Orig. Financing Statement DOUGLAS
2. DEBTOR (As Appears on Original Financing Statement) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) HANKE, TOM R			2A. SOCIAL SECURITY OR FEDERAL TAX NO. 0609
2B. MAILING ADDRESS (As Appears on Original Financing Statement) 1260 DOWNS DR.		2C. CITY, STATE MINDEN, NV	2D. ZIP CODE 89423
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 DEERE CREDIT INC MAILING ADDRESS 1415 28TH STREET CITY WEST DES MOINES STATE IOWA ZIP CODE 50265			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. <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 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 checked="" 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. 34291 10-027-085-000609-00 PLEASE CHANGE DEBTORS ADDRESS TO, 1350 MUJR DRIVE GARDNERVILLE, NV89410			

9. (Date) 8-31-99 19__

By _____ SIGNATURE(S) OF DEBTOR(S) (TITLE)
TOM HANKE
 TYPE NAME(S)

By _____ SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)
VICTORIA STOCKER, CLERK *Victoria Stocker*
 TYPE NAME(S)

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

11. **Return Copy to:**

NAME **SEARCH NETWORK LTD NFS DIVISION**
 ADDRESS **2 CORPORATE PLACE SUITE 210**
 CITY, STATE AND ZIP **1501 42ND STREET WEST DES MOINES, IA 50266**

Trust Account Number (If Applicable)

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

THIS SPACE FOR USE OF FILING OFFICER

0478040 BK 1099PG0380

REQUESTED BY

Search Network Ltd

IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

1999 OCT -4 AM 9:46

LINDA SLATER
RECORDER

\$16⁰⁰ PAID *K2* DEPUTY

0478040

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