

20698

REORDER FROM
Registre, Inc.
514 PIERCE ST.
P.O. BOX 218
ANDOKA, MN. 55303
(612) 421-1713

N

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 08208 (403468)	1A. Date of Filing of Orig. Financing Statement 12/23/96	1B. Date of Orig. Financing Statement 10/25/96	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) JEWEL COMMERCIAL PARK LIMITED PARTNERSHIP		2A. SOCIAL SECURITY OR FEDERAL TAX NO. 88-0370975	
2B. MAILING ADDRESS PO BOX 6868		2C. CITY, STATE INCLINE VILLAGE NV	2D. ZIP CODE 89450
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. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
5. SECURED PARTY NAME COMSTOCK BANK MAILING ADDRESS 6275 NEIL ROAD CITY RENO STATE NV ZIP CODE 89511		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 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) AUGUST 6 19 99

By [Signature] SIGNATURE(S) OF DEBTOR(S) (TITLE)

JEWEL COMMERCIAL PARK LIMITED PARTNERSHIP

By [Signature] SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

RODGER STONE, COMMERCIAL LOAN OFFICER

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

11. **Return Copy to:**

NAME ALAN FLEMING

ADDRESS PO BOX 6868

CITY, STATE AND ZIP INCLINE VILLAGE NV 89450

Trust Account Number (If Applicable)

0478699

BK1099PG2502

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

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

1999 OCT 14 PM 3: 31

LINDA SLATER
RECORDER

\$16⁰⁰ PAID *KD* DEPUTY

0478699

BK 1099PG2503