

20473

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

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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 08162	1A. Date of Filing of Orig. Financing Statement 9/4/96	1B. Date of Orig. Financing Statement 8/19/96	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) NEVADA SENIOR PROJECTS LLC		2A. SOCIAL SECURITY OR FEDERAL TAX NO. 88-0351611	
2B. MAILING ADDRESS 2039 PRAY MEADOW ROAD		2C. CITY, STATE GLENBROOK, NV.	2D. ZIP CODE 89413
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. 87-0351422	
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. (Signature of Debtor(s) and Secured Party(ies) required on all amendments.)			
8.			

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) 1/20/00 19__

By _____ (TITLE)

SIGNATURE(S) OF DEBTOR(S)

By Kevin D Elder (TITLE)

SIGNATURE(S) OF SECURED PARTY(IES)

KEVIN D ELDER VP COMMERCIAL LENDING
TYPE NAME(S)

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

0484780
BK0100PG3115

11. Return Copy to:

NAME **FIRST SECURITY BANK OF NEVADA**
ADDRESS **XXXX PO BOX 7610**
CITY, STATE AND ZIP **RENO, NV. 89510**
ATT: **ELIZABETH KLEIN**

Trust Account Number (If Applicable)

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

COPY

REQUESTED BY
1st Security Bank
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 JAN 21 AM 9:35

LINDA SLATER
RECORDER

\$16⁰⁰ PAID ks DEPUTY

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