

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 NV-Douglas County

Receipt No. _____

1. File No. of Orig. Financing Statement 398238	1A. Date of Filing of Orig. Financing Statement 10/08/1996	1B. Date of Orig. Financing Statement	1C. Place of Filing Orig. Financing Statement Douglas County
2. DEBTOR (As Appears on Original Financing Statement) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Smart SMR of California, Inc.			2A. SOCIAL SECURITY OR FEDERAL 23-3130303
2B. MAILING ADDRESS (As Appears on Original Financing Statement) 1505 Farm Credit Drive--Suite 100		2C. CITY, STATE MCLEAN, VA	2D. ZIP 22102
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
3B. MAILING ADDRESS		3C. CITY, STATE	3D. ZIP
4. <input type="checkbox"/> ADDITIONAL DEBTOR (S) ON ATTACHED SHEET			
5. SECURED PARTY NAME The Chase Manhattan Bank, as Collateral Agent MAILING ADDRESS 200 Jericho Quadrangle CITY JERICHO STATE NY ZIP CODE 11753			5A. SOCIAL SECURITY NO. FEDERAL TAX NO. 13-4994650
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.
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.			

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THIS SPACE FOR USE OF FILING OFFICER

9. _____ 19____
(Date)

By _____ (TITLE)
SIGNATURE(S) OF DEBTOR(S)

By _____ (TITLE) VP
SIGNATURE(S) OF SECURED PARTY(IES) TRACEY EWING
The Chase Manhattan Bank, as Collateral Agent
TYPE NAME(S)

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

11. Return Copy to:

NAME _____ Trust Account Number _____
ADDRESS _____
CITY, STATE _____
Return To:
CSC
P.O. Box 591
Attn: UCC Dept.
Wilmington, DE 19899-0691

0486875
BK0200PG3863

YELLOW-Alphabetical; PINK-Acknowledgement;
GREEN-Secured Party; BLUE-Debtor.
(Filing Fees: See Instructions)

COPY

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REQUESTED BY
CSC
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA
2000 FEB 25 AM 11:05
LINDA SLATER
RECORDER
\$16⁰⁰ PAID KD DEPUTY