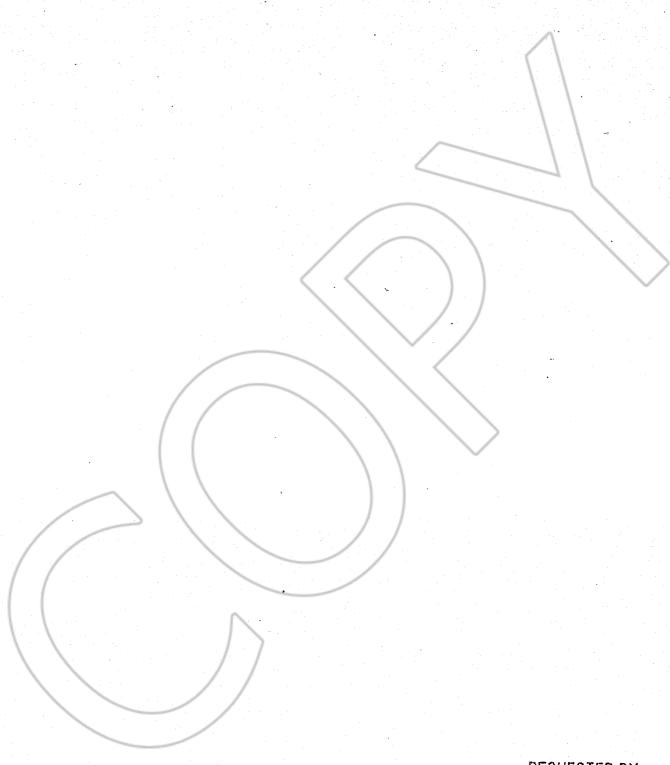


UNIFORM COMMERCIAL CODE — FINANCING STATEMENT CHANGE — FORM N-UCC-2 This STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code

IMPORTANT:

Read instructions on back			Receipt No.
1. File No. of Original Financing Statement	1A. Date of Filing of Orig. Financing Statement	IB. Date of Orig. Financing Statement	IC. Place of Orig. Financing Statement
369467 BK0895 PG5174 2. DEBTOR (ONENAME ONLY)	08/30/1995		DOUGLAS COUNTY, NEVADA 2A. SOCIAL SECURITY OR FEDERAL TAXNO
☑ LEGAL BUSINESS NAME ☐ INDIVIDUAL (LAST NAME FIRST)	ELTON, ROGER H., TRUSTEE OF	THE RHE TRUST DATED 5-1-90	
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
P.O. BOX 2878		RENO, NEVADA	89505
□ ILEGAL BUSINESS NAME □ INDIVIDUAL (LAST NAME FIRST)	(ONE NAME ONLY) TOPAZ LODGE, INC., A NEVADA CORPO	·	3A. SOCIAL SECURITY OR FEDERAL TAX NO.
3B. MAILING ADDRESS	, , ,	3C. CHY, STATE	3D. ZIP CODE
P.O. BOX 187		GARDNERVILLE, NEVA	ADA 89410
4. ADDITIONAL DEBTOR(S	ON ATTACHED SHEET		4A. SOCIAL SECURITY NO. FEDERAL TAXNO.
5. SECURED PARTY NAME U.S. BANK	NATIONAL ASSOCIATION		OR BANK TRANSIT AND A.B.A. NO.
MAILING ADDRESS 555 SW OA		OAN SERVICE WEST	ONDAIN INAIGH AID ADA NO.
CITY PORTLAND			
6. ASSIGNEE OF SECURED PARTY (IF AN			5A. SOCIAL SECURITY NO, FEDERAL TAX NO,
NAME			OR BANK TRANSIT AND A.B.A. NO.
MAILING ADDRESS		/ / \ \	
CITY	STATE	ZIP CODE	
is crops or timber, fixtures from which to be extracted date.	, or oil, gas or minerals check here and inser d in Item 8 below. If crops or fixtures, also inser	t name of record owner of real estate. Effective o	to be grown or to which affixed or to be affixed or nly if submitted within 6 months prior to expiration
B RELEASEFrom the colla Release does not terminate		ng the file number shown above, the Secured Part	ty releases the collateral described in Item 8 below.
D TERMINATIONThe Sec	nancing Statement bearing the file number show	nger claims a security interest under the Financing n above is amended as set forth in Item 8 below.	Statement bearing the file number shown above. Any changes made to Items 2 thru 6 above must be
	gnature of Debtor(s) and Secured Party(jes) requ		
9.		110	This Space for Use of Filing Officer
		(Date) APRIL 12, 2000	(Date, Time, Filing Office)
Ву			
SIGNATURE(S) OF DE	BTOR(S)	(TITLE)	
By U.S. BANK NATIONAL ASSOCIA	TYPE NAME(S)	COLLATERAL SPECIALIST	0490965
IGNATURE(S) OP SECUE	RED PACTY(IES)	(TITLE)	965
	BARBARA WISNIEWSKI		
	TYPE NAME(S)		90
10.	Return Copy To	7	3 S
	U.S. BANK NATIONAL ASSOCIAT		
NAME	850-7323855462 ATTN: BARB PO BOX 5308	SAKA W	
ADDRESS CITY, STATE	PORTLAND, OR. 97228		
1	1 OKI 11 11 11 OKI 7 1 120	ı	



REQUESTED BY

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

2000 MAY -1 AM 8: 59

0490965 BK 0 5 0 0 PG 0 0 0 8 LINDA SLATER RECORDER \$ /8 PAID & DEPUTY