LINIFORM 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 to	before filling out form.	Receipt	No. <u></u>
	1A. Date of Filing of Orig. Financing Statemen	nt 1B. Date of Orig. Financing Statement	1C. Place of Filing Orig. Financing Statement
1095/3759	10/23/95		Douglas County
2. DEBTOR (ONE NAME ONLY)  LEGAL BUSINESS NAME  INDIVIDUAL (LAST NAME FII  2B. MAILING ADDRESS	Harlesk Management, Inc RST)	· CITY, STATE	8 9 5 2
P.O. Box 3300		Stateline, NV	89449
3. ADDITIONAL DEBTOR (IF ANY) (ONE	NAME ONLY	StateIIIe, NV	2A. SOCIAL SECURITY OR FEDERAL TAX NO.
☐LEGAL BUSINESS NAME ☐INDIVIDUAL (LAST NAME FIF		3C. CITY, STATE	3D. ZIP CODE
4. ADDITIONAL DEBTOR(S) ON A	ITACHED SHEET		5A. SOCIAL SECURITY NO. FEDERAL TAX NO.
5. SECURED PARTY NAME LITCHF MAILING ADDRESS 789 Ma	IELD FINANCIAL CORPORAT		OR BANK TRANSIT AND A.B.A. NO.
CITY Stamford	STATE $ m VT$	zip code 0'5352	
6. ASSIGNEE OF SECURED PARTY (IF			6A. SOCIAL SECURITY NO. FEUERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
NAME			DAIN MAIGH AND ALBIA, NO.
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
A. is crops or timber, fix	ne original Financing Statement between the forego ktures, or oil, gas or minerals check here	d insert description of real property on which grow	nber and date shown above is continued. If collateral ving or to be grown or to which affixed or to be affixed ve only if submitted within 6 months prior to
B. RELEASE-From the below. Release does	collateral described in the Financing Statement bea s not terminate debt.	aring the file number shown above, the Secured I	Party releases the collateral described in Item 8
C. ASSIGNMENT-The Statement bearing the	Secured Party certifies that the Secured Party has a ne file number shown above in the collateral describ	assigned to the Assignee above named, all or par bed in Item 8 below.	rt of the Secured Party's rights under the Financing
J. [_]			ng Statement bearing the file number shown above.
E. AMENDMENT-The F made in Item 8 below	Financing Statement bearing the file number shown w. (Signature of Debtor(s) and Secured Party(ies) re	n above is amended as set forth in Item 8 below. A equired on all amendments.)	Any changes made to Items 2 thru 6 above must be
8. Amend Secured Part Litchfield Financi 430 Main Street Williamstown, MA (	ial Corporation		
Harlesk Managemen	t, Inc.  TYPE NAME(S)  OF SECURED PARTY(IES)	10. 19 10. 19 (TITLE)	This Space for Use of Filing Officer: (Date, Time, File Number and Filing Officer)
Litchfield F.  NAME ADDRESS 430 Main Stre CITY STATE AND ZIP ATTN: Shana	, MA 01267	TRUST ACCOUNT NUMBER (If Applicable)	

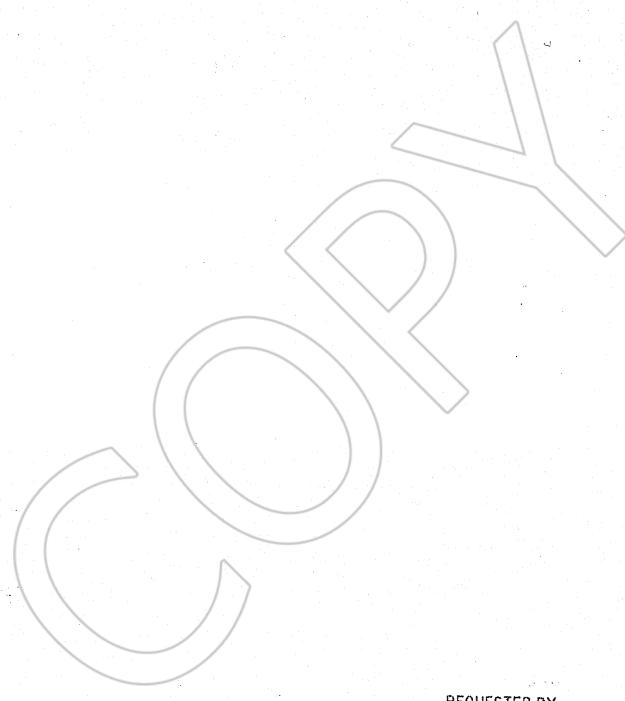
WHITE-Alphabetical; PINK-Acknowledgement; GREEN-Secured Party; BLUE-Debtor.

(Filing Fees: See Instructions)

(08007

Approved by the Nevada Secretary of State

UNIFORM COMMERCIAL CODE-FORM N-UCC-2 (Rev. 12-93)



REQUESTED BY

<u>Altchfield Financial Corp</u>

IN OFFICIAL RECORDS OF

DOUGLAS CO., NEVADA

2000 MAY -8 AM 9: 13

LINDA SLATER
RECORDER

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