

20491

REORDER FROM
Registre, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, 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 08222	1A. Date of Filing of Orig. Financing Statement 2/5/97	1B. Date of Orig. Financing Statement 1/28/97	1C. Place of Filing Orig. Financing Statement DOUGLAS COUNTY
2. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) DAVID B SWALANDER		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 5734	
2B. MAILING ADDRESS 1555 LINDSAY LANE 1555 LINDSAY LANE		2C. CITY, STATE MINDEN, NV.	2D. ZIP CODE 89423
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) LARISSA J SWALANDER		3A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 5013	
3B. MAILING ADDRESS 1555 LINDSAY LANE 1555 LINSAY LANE		3C. CITY, STATE MINDEN, NV.	3D. ZIP CODE 89423
4. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
5. SECURED PARTY NAME MAILING ADDRESS CITY STATE ZIP CODE		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. _____

9. (Date) 5/10/00 19__

By _____ (TITLE)

SIGNATURE(S) OF DEBTOR(S)

By _____ (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)

0491890
BK0500PG2883

11. **Return Copy to:**

FIRST SECURITY BANK OF NEVADA #64

NAME
ADDRESS
CITY, STATE
AND ZIP

**901 N STEWART STREET
CARSON CITY, NV. 89701**

Trust Account Number
(If Applicable)

COPY

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

2000 MAY 12 PM 2: 12

LINDA SLATER
RECORDER

\$ 17.00 PAID K2 DEPUTY

0491890

BK0500PG2884