

**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<br>0423114/bk1097/pg518  | 1A. Date of Filing of Orig. Financing Statement<br>October 2, 1997 | 1B. Date of Orig. Financing Statement | 1C. Place of Filing Orig. Financing Statement<br>Douglas County, Nevada                    |
| 2. DEBTOR (ONE NAME ONLY)<br><input checked="" type="checkbox"/> LEGAL BUSINESS NAME<br><input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Mount Sierra Ministries, Inc., dba Mount Sierra School  |  |                                       | 2A. SOCIAL SECURITY OR FEDERAL TAX NO.<br>88-0342021                                       |
| 2B. MAILING ADDRESS<br>P.O. Box 1014  |  | 2C. CITY, STATE<br>Gardnerville, NV   | 2D. ZIP CODE<br>89410  |
| 3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY)<br><input type="checkbox"/> LEGAL BUSINESS NAME<br><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<br>NAME Norwest Bank Nevada, National Association<br>MAILING ADDRESS 3300 West Sahara Avenue Div. 110<br>CITY Las Vegas STATE NV ZIP CODE 89102  |  |                                       | 5A. SOCIAL SECURITY NO., FEDERAL TAX NO.,<br>OR BANK & TRANSIT AND A.B.A. NO.<br>880047695 |
| 6. ASSIGNEE OF SECURED PARTY (IF ANY)<br>NAME<br>MAILING ADDRESS<br>CITY STATE ZIP CODE   |  |                                       | 6A. SOCIAL SECURITY NO., FEDERAL TAX NO.,<br>OR BANK & TRANSIT AND A.B.A. NO.              |
| 7. CONTINUATION - The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and<br>A <input type="checkbox"/> 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) May 26, 2000

By: \_\_\_\_\_ (SIGNATURE(S) OF DEBTOR(S) (TITLE)

Wells Fargo Bank Arizona, National Association  
Formerly known as Norwest Bank Arizona, National Association

By: *Tom Fink* for \_\_\_\_\_ (SIGNATURE(S) OF SECURED PARTY(IES)  
Tom Fink (Business Banker & Title)

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

11. Return Copy to:

NAME WELLS FARGO BANK ARIZONA, NATIONAL ASSOCIATION  
ADDRESS P. O. BOX 2908 MAC S3801-017 TRUST  
CITY, STATE PHOENIX, AZ 85062 ACCOUNT  
AND ZIP NUMBER

REQUESTED BY  
*Wells Fargo Bank*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA  
2000 JUN -7 AM 9:49  
LINDA SLATER  
RECORDER  
*5/6* PAID *R2* DEPUTY

**0493560** (If Applicable)  
**BK0600PG1345**