

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.

2201556.2-30-1
92598 WELLSIAQ

Receipt No.

1. File No. of Orig. Financing Statement 366119 Bk0795 Pg1724	1A. Date of Filing of Orig. Financing Statement 07-14-95	1B. Date of Orig. Financing Statement	1C. Place of Filing Orig. Financing Statement CC NV DOUGLAS
2. DEBTOR (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME Barton Memorial Nevada Medical Clinic, Inc., a Nevada non-profit corporation <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)			2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS P.O. Box 9578		2C. CITY, STATE South Lake Tahoe, NV	2D. ZIP CODE 89410
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 TAX NO.
3B. MAILING ADDRESS		3C. CITY, STATE	3D. ZIP CODE
4. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
5. SECURED PARTY NAME Wells Fargo Bank, N. A. MAILING ADDRESS 1 East First Street Suite 300 CITY Reno STATE NV ZIP CODE 89501			5A. SOCIAL SECURITY OR 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 OR FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
7. A. <input checked="" 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 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) _____ 19____
Barton Memorial Nevada Medical Clinic, Inc., a Nevada non-profit corporation

DEBTOR SIGNATURE NOT REQUIRED

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

_____ (TYPE NAME(S))
Wells Fargo Bank, N. A.
Association

By _____ (SIGNATURE(S) OF SECURED PARTY(IES)) _____ (TITLE)
ATTORNEY-IN-FACT *[Signature]* Attorney-In-Fact
_____ (TYPE NAME(S))

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

11. Return Copy to:

NAME UCC Direct Services
ADDRESS P.O. Box 29071
CITY, STATE AND ZIP Glendale, CA 91209-9071
(800) 331-3282 (818) 662-4141

Trust Account Number (If Applicable)

COPY

REQUESTED BY
WCC Direct

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 JUL 31 PM 12:57

LINDA SLATER
RECORDER

\$16.⁰⁰ PAID *JS* DEPUTY

0496812
BK0700PG5216