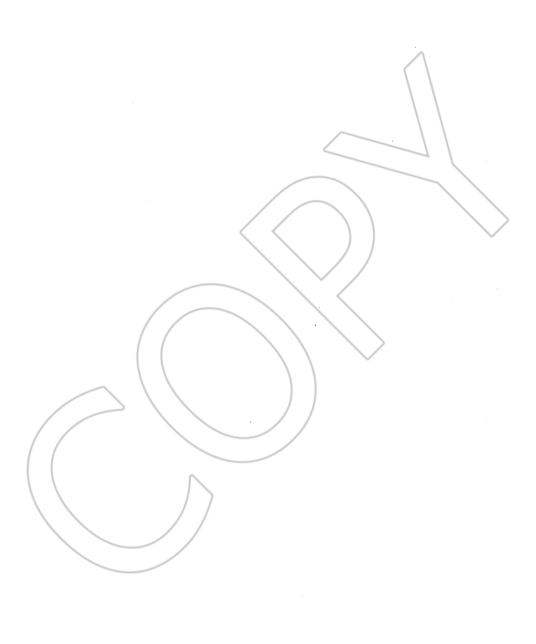
UNIFORM COMMERCIAL CODE -- FINANCING STATEMENT CHANGE -- FORM N-UCC-2 This STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code

IMPORTANT: Read Instructions on back before filling out form.	01556.2-30-1 598 WELLSIAQ Receipt	No.
1. File No. of Orig. Financing Statement 366119 Bk0795 Pg1724 07-14-95	1B. Date of Orig. Financing Statement	1C. Place of Filing Orig. Financing Statement CC NV DOUGLAS
2. DEBTOR (ONE NAME ONLY) X LEGAL BUSINESS NAME Barton Memorial Nevada Medical Clinic ☐ INDIVIDUAL (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.
P.O. Box 9578	2c. CITY, STATE South Lake Tahoe, N\	2 D. ZIP CODE 89410
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) LEGAL BUSINESS NAME INDIVIDUAL (LAST NAME FIRST)		3A. SOCIAL SECURITY OR FEDERAL TAX NO.
3B. MAILING ADDRESS	3C. CITY, STATE	3D. ZIP CODE
4. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET		
5. SECURED PARTY NAME Wells Fargo Bank, N. A.		5A. SOCIAL SECURITY OR FEDERAL TAX NO OR BANK TRANSIT AND A.B.A. NO.
MAILING ADDRESS 1 East First Street		7
Suite 300	ZIP CODE 89501	
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME		6A. SOCIAL SECURITY OR FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
MAILING ADDRESS		
CITY STATE	ZIP CODE	
7. CONTINUATIONThe original Financing Statement between the foregois crops or timber, fixtures, or oil, gas or minerals check here or from which to be extracted in Item 8 below. If crops or fixtures, also in expiration date.	nsert description of real property on which growi	
RELEASEFrom the collateral described in the Financing Statement be	aring the file number shown above, the Secured	Party releases the collateral described in Item 8
B below. Release does not terminate debt.		
ASSIGNMENTThe Secured Party certifies that the Secured Party has C. Statement bearing the file number shown above in the collateral describ		art of the Secured Party's rights under the Financing
TERMINATIONThe Secured Party certifies that the Secured Party no	onger claims a security interest under the Financ	ing Statement bearing the file number shown above.
D AMENDMENTThe Financing Statement bearing the file number shown	a chaus is amended as set fadh in Itam 9 helau.	Any changes made to Home 2 thru 5 chang must be
made in Item 8 below. (Signature of Debtor(s) and Secured Party(ies)		Any Changes made to items 2 third 6 above must be
8.		
	/ /	
	/ /	
9.		This Space for Use of Filing Officer: (Date, Time, File Number and Filing Officer)
(Date)	19	
DEBTOR SIGNATURE NOT REQUIRED		
SIGNATURE(S) OF DEBTOR(S)	(TITLE)	
Wells Fargo Bank, N. A.		
BASSOCIATION SIGNATURE(S) OF SECURED PARTY(IES)	(TITLE)	
ATTORNEY-IN-FACT	теу-Іп-Fаст	
11. Return Copy to:		
NAME UCC Direct Services ADDRESS P.O. Box 29071	Trust Account	
CITY, STATE Glendale, CA 91209-9071 AND ZIP	Number	
(800) 331-3282 (818) 662-4141	(ii rippindule)	1) Copy - Alpho Log 68 12

(07961)

Prepared with UCC Direct for Windows Data File Services, Inc., P.O. Box 275, Van Nuys, CA, 91408-0275 Tel (818) 909-2200 $\mathbb{R}^{1408-0275}$ \mathbb{R}



IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

2000 JUL 31 PH 12: 57

LINDA SLATER RECORDER \$ 16. PAID DEPUTY

0496812 BK0700PG5216