This STATEMENT is presented for filing pulportant: Read instructions on back before filling out form $NV-Dougla$			新 通 数 1
File No. of Orig. Financing Statement File No. 0490043 1A.Date of Filing of Orig. Financing Statement 04/17/2000		1C. Place of Filing Orig. Financing Statement Douglas County, NV	
DEBTOR (As Appears on Original Financing Statement) (ONE NA DEGAL BUSINESS NAME HCRI Nevada Properti	ME ONLY) les, Inc.	2A. SOCIAL SECURITY	Y OR FEDERAL
B. MAILING ADDRESS (As Appears on Original Financing Statement One SeaGate, Suite 1500		11	2D. ZIP 43603
. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) ☐ LEGAL BUSINESS NAME ☐ INDIVIDUAL (LAST NAME FIRST)		3A. SOCIAL SECURITY	Y OR FEDERAL
B. MAILING ADDRESS	3C. CITY, STATE		3D. ZIP
☐ ADDITIONAL DEBTOR (S) ON ATTACHED SHEET			
SECURED PARTY		5A. SOCIAL SECURIT	TY NO.
NAME Bankers Trust Company, as Initial	Lender	FEDERAL TAX NO.	
MAILING ADDRESS130 Liberty Street			/ /
CITY New York STATE NY	ZIP CODE 10006		
ASSIGNEE OF SECURED PARTY (If Any)		6A. SOCIAL SECURIT	Y NO.
NAME	/ / \	FEDERAL TAX NO. OR BANK TRANS	T AND A B A
MAILING ADDRESS	/ / \	OR BANK TRANS	III AND A.B.A.
CITY STATE	ZIP CODE		~
RELEASE-From the collateral described in the Financing Statement I	bearing the file number shown above, the	Secured Party releases the collatera	al described in Item
B below. Release does not terminate debt. ASSIGNMENT-The Secured Party certifies that the Secured Party has		· · · · · · · · · · · · · · · · · · ·	
Statement bearing the file number shown above in the collateral describe	ed in Item 8 below.		
AMENIOMENT The Financing Statement bearing the file number show			
required on all amendments.)	in above is amended as set forth in item of	below. (Signature of Deptor(s) an	a Secured Party(les)
		<u> </u>	
BySIGNATURE(S) OF DEBTOR(S)	(TITLE)	This Space for Use of Filing Office Number and Filing Officer)	cer: (vate, Time, File
Bankers Trust Company, as Initial Lende TYPE NAME(S) Bankers Trust Company, as Initial Lende TYPE NAME(S)	<u>ν, ρ,</u> (Ππ.Ε)		500800
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Return Coby to:	—	$\frac{1}{2}$	
AFTER FILING RETURN TO:	Trust	~	get are

Account

Number

(If

CT CORPORATION

17 SOUTH HIGH STREET

COLUMBUS, OH 43215

ADDRESS

CITY, STATE

Laranerville Fec

