

**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 <b>0470478BK0699PG3623</b>	1A. Date of Filing of Orig. Financing Statement <b>JUN 17, 1999</b>	1B. Date of Orig. Financing Statement <b>MAY 20, 1999</b>	1C. Place of Filing Orig. Financing Statement <b>DOUGLAS COUNTY, NV RECORDER</b>
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2. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>LAKESIDE INN, INC.</b>	2A. SOCIAL SECURITY OR FEDERAL TAX NO.
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2B. MAILING ADDRESS <b>HIGHWAY 50 AT KINGSBURY GRADE</b>	2C. CITY, STATE <b>LAKE TAHOE, NV</b>	2D. ZIP CODE <b>89449</b>
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3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>DBA LAKESIDE INN &amp; CASINO</b>	3A. SOCIAL SECURITY OR FEDERAL TAX NO.
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3B. MAILING ADDRESS <b>HIGHWAY 50 AT KINGSBURY GRADE</b>	3C. CITY, STATE <b>LAKE TAHOE, NV</b>	3D. ZIP CODE <b>89449</b>
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4.  ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

5. SECURED PARTY NAME <b>PDS FINANCIAL CORPORATION - NEVADA</b> MAILING ADDRESS <b>6171 MCLEOD DRIVE</b> CITY <b>LAS VEGAS</b> STATE <b>NV</b> ZIP CODE <b>89120</b>	5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. <b>88-0357859</b>
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6. ASSIGNEE OF SECURED PARTY (If Any) NAME <b>SUN WEST BANK</b> MAILING ADDRESS <b>5830 W FLAMINGO</b> CITY <b>LAS VEGAS</b> STATE <b>NV</b> ZIP CODE <b>89103</b>	6A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
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7. A.  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  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.  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.  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.  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.  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. **(9401-02)**

9. (Date) **OCTOBER 24, 2000**

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

By *Carla Jewell* (SIGNATURE(S) SECURED PARTY (IES)) (TITLE)  
**VP/COMMERCIAL LOAN OFFICER**

**CARLA JEWELL** (TYPE NAME(S)) **SUN WEST BANK**

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

11.  **Return Copy to:**

NAME **SUN WEST BANK**  
ADDRESS **5830 W FLAMINGO**  
CITY, STATE AND ZIP **LAS VEGAS, NV 89103**  
**CLOSED LOAN (PDS) 8128235-003**

Trust Account Number (If Applicable)

CANARY—Alphabetical; PINK—Acknowledgement; GREEN—Secured Party; CANARY—Debtor.

(Filing Fees: See Instructions)

THIS SPACE FOR USE OF FILING OFFICER

**0502027**  
**BK1000PG4812**

DOUGLAS COUNTY

UNIFORM COMMERCIAL CODE — FINANCING STATEMENT — 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 <b>0441413BK0698PG1478</b>	1A. Date of Filing of Orig. Financing Statement <b>6/8/98</b>	1B. Date of Orig. Financing Statement	1C. Place of Filing Orig. Financing Statement <b>Douglas County, NV</b>
2. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>Lakeside Inn, Inc.</b>		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS <b>Highway 50 at Kingsbury Grade</b>		2C. CITY, STATE <b>Lake Tahoe, NV</b>	2D. ZIP CODE <b>89449</b>
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>dba Lakeside Inn &amp; Casino</b>		3A. SOCIAL SECURITY OR FEDERAL TAX NO.	
3B. MAILING ADDRESS <b>Highway 50 at Kingsbury Grade</b>		3C. CITY, STATE <b>Lake Tahoe, NV</b>	3D. ZIP CODE <b>89449</b>
4. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
5. SECURED PARTY NAME <b>PDS Financial Corporation - Nevada</b> MAILING ADDRESS <b>6171 McLeod Drive</b> CITY <b>Las Vegas</b> STATE <b>NV</b> ZIP CODE <b>89120</b>		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. <b>88-0357859</b>	
6. ASSIGNEE OF SECURED PARTY (If Any) NAME <b>Sun West Bank</b> MAILING ADDRESS <b>5830 W. Flamingo</b> CITY <b>Las Vegas</b> STATE <b>NV</b> ZIP CODE <b>89103</b>		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. <b>Effective only if submitted within 6 months prior to expiration date.</b>			
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. <b>Release does not terminate debt.</b>			
C. <input checked="" 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. <b>(Signature of Debtor(s) and Secured Party(ies) required on all amendments.)</b>			
8. <b>(9401-02)</b>			

#8128235-003 POSTED 7-13-99 MO

9. (Date) 5-20 1999

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

TYPE NAME(S) \_\_\_\_\_

By Lorie Sharp (SIGNATURE(S) OF SECURED PARTY(IES)) (TITLE) Credit Manager

TYPE NAME(S) \_\_\_\_\_

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

11. Return Copy to:

NAME Jean Flanagan  
ADDRESS PDS Financial Corporation  
CITY, STATE AND ZIP 6171 McLeod Drive  
Las Vegas, NV 89120

Trust Account Number (If Applicable) 0502027  
BK1000PG4813

THIS SPACE FOR USE OF FILING OFFICER

PDS Financial Corp  
07/13/99 11:00 AM

16  
YELLOW—Alphabetical; PINK—Acknowledgement;  
GREEN—Secured Party; BLUE—Debtor.

COPY

REQUESTED BY  
Sun West Bank  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 OCT 26 AM 9: 26

LINDA SLATER  
RECORDER

\$18<sup>00</sup> PAID K2 DEPUTY

0502027

BK 1000PG4814