

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 0477599 BK0999PG5289	1A. Date of Filing of Orig. Financing Statement 09-28-99	1B. Date of Orig. Financing Statement 08-25-99	1C. Place of Filing Orig. Financing Statement DOUGLAS COUNTY
2. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) GILBERT, MICHAEL C		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-8365	
2B. MAILING ADDRESS 861 MAHOGANY DRIVE		2C. CITY, STATE MINDEN NV	2D. ZIP CODE 89423
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) GILBERT, ANGEL KERR		3A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 3393	
3B. MAILING ADDRESS 861 MAHOGANY DRIVE		3C. CITY, STATE MINDEN NV	3D. ZIP CODE 89423
4. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
5. SECURED PARTY NAME FIRST SECURITY BANK OF NEVADA MAILING ADDRESS 901 NORTH STEWART CITY CARSON CITY STATE NV ZIP CODE 89701		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0249697	
6. ASSIGNEE OF SECURED PARTY (If Any) NAME _____ MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____		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. 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. _____			

THIS SPACE FOR USE OF FILING OFFICER

9. _____ (Date) **NOVEMBER 16,** 19**2000**

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

By *Patricia Koim* (SIGNATURE(S) OF SECURED PARTY(IES)) **ASSISTANT VICE PRESIDENT** (TITLE)

PATRICIA KOINM (TYPE NAME(S))

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

0504284
BK1200PG0150

11. **Return Copy to:**

NAME ADDRESS AND ZIP FIRST SECURITY BANK OF NEVADA P O BOX 19250 LAS VEGAS NV 89132-0250 ATTN NOTE DEPT NOTE #10012855	Trust Account Number (If Applicable)
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YELLOW—Alphabetical; PINK—Acknowledgement; GREEN—Secured Party; BLUE—Debtor.

COPY

REQUESTED BY
1st Security Bank
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 DEC -1 AM 11:01

LINDA SLATER
RECORDER

\$17⁰⁰ PAID Kg DEPUTY

0504284

BK 1200PG0151