_	
-	
C	
P	
	Ì
N	
******	
黑	

UNIFORM COMMERCIAL CODE — FINAL This STATEMENT is presented for filing			N-UCC-2
IMPORTANT: Read instructions on back before filling out form.		ot No	
1. File No. of Orig. Financing Statement 0463464BK0399PG3904 1A. Date of Filing of Orig. Financing Statement 3/17/99	1B. Date of Orig. Financing Statement	1C. Place of Filing Orig. Finan	
2. DEBTOR (ONE NAME ONLY)  LEGAL BUSINESS NAME INDIVIDUAL (LAST NAME FIRST)  LAKESIDE INN AND CAST		2A. SOCIAL SECURITY OR	
28. MAILING ADDRESS	2C. CITY, STATE	\\	2D. ZIP CODE
HIGHWAY 50 AT KINGSBURY GRADE  3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY)	LAKE TAHOE	3A. SOCIAL SECURITY OR F	89449
☐ LEGAL BUSINESS NAME ☐ INDIVIDUAL (LAST NAME FIRST)		SA. SUCIAL SECURITY OR F	EDERAL TAX NO.
3B. MAILING ADDRESS	3C. CITY, STATE	11	3D. ZIP CODE
4. ☐ ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
5. SECURED PARTY  NAME PDS FINANCIAL CORPORATION - NEVAI	DA .	5A. SOCIAL SECURITY NO. OR BANK TRANSIT ANI	
MAILING ADDRESS 6171 MCLEOD DRIVE			
CITY LAS VEGAS STATE NV	ZIP CODE <b>89120</b>	88-0357859	
6. ASSIGNEE OF SECURED PARTY (If Any)		6A. SOCIAL SECURITY NO. OR BANK TRANSIT AND	
NAME SUNWEST BANK MAILING ADDRESS 5830 W FLAMINGO ROAD			TABLE NO.
CITY LAS VEGAS STATE NV	ZIP CODE <b>89103</b>	\	
A. CONTINUATION—The original Financing Statement between the foregoing is crops or timber, fixtures, or oil, gas or minerals check here and in or from which to be extracted in Item 8 below. If crops or fixtures, all expiration date.  B. RELEASE—From the collateral described in the Financing Statement beautiful date.		/	
Helease does not terminate debt.			
c. ASSIGNMENT—The Secured Party certifies that the Secured Party has Statement bearing the file number shown above in the collateral describ			
D. TERMINATION-The Secured Party certifies that the Secured Party no lo			
E. AMENDMENT-The Financing Statement bearing the file number shown made in Item 8 below. (Signature of Debtor(s) and Secured Party(ies)	above is amended as set forth in Item 8 by required on all amendments.)	elow. Any changes made to Items 2	thru 6 above must be
(9401-04)			
DEC. 27, 200 (Date)	10.	This Space for Use of Filing Off Number and Filing Officer)	ficer: (Date, Time, Fil
By			

		(Date)	DEC. 2/,	2000	
	Ву _	\			
\		SIGNATURE(S) OF DEBTOR(S)	)	(TITLE)	
7	Ву _	Mario and Clan	1/	SERVICING	MANAGER
	-,	SIGNATURE(S) SECURED PARTY(IES)	/	(TITLE)	
		MARTHA L. OLSON	SUN WEST	BANK	
11.		Return Copy	/ to:	-	7

0505985

NAME ADDRESS CITY, STATE AND ZIP

SUNWEST BANK

5830 W FLAMINGO ROAD LAS VEGAS, NV 89103 CLSD LOAN #8128235-004

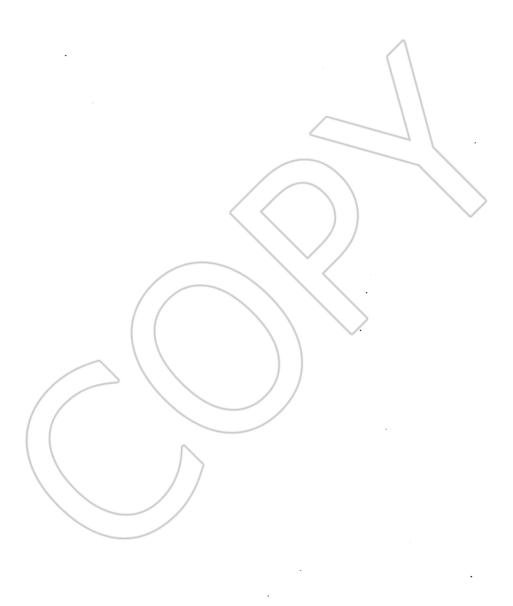
Trust Account Number (If Applicable)

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

Approved by the Nevada Secretary of State

UNIFORM COMMERCIAL CODE-FORM N-UCC-2 (Rev. 12-93)
Bankers Systems, Inc., St. Cloud, MN Form UCC-2-NV 10/10/96

(Filing Fees: See Instructions)



UN USEST BONDS OF DOUGLAS CO. NEVADA 2000 DEC 29 PM 2: 13

0505985 BK 1200PG6312 LINDA SLATER
RECORDER

\$/6 PAID KO DEPUTY