

**UNIFORM COMMERCIAL CODE—FINANCING STATEMENT CHANGE—FORM N-UCC-2 STATE OF NEVADA**  
**IMPORTANT— Read instructions on back before filling out form**

This **STATEMENT** is presented for filing pursuant to the Nevada Uniform Commercial Code

08102 Pg 4082

1. FILE NO. OF ORIG. FINANCING STATEMENT 386000 BK 0496		1A. DATE OF FILING OF ORIG. FINANCING STATEMENT 04-22-96		1B. DATE OF ORIG. FINANCING STATEMENT 04-19-96		DOUGLAS COUNTY	
2. DEBTOR (AS APPEARS ON ORIGINAL FINANCING STATEMENT) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) WILSON, JEFFREY A.						2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 7876	
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 1253 U.S. HWY 395 NORTH				2C. CITY, STATE GARDNERVILLE, NV		2D. ZIP CODE 89410	
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)						3A. SOCIAL SECURITY OR FEDERAL TAX NO.	
3B. MAILING ADDRESS				3C. CITY, STATE		3D. ZIP CODE	
4. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)						4A. SOCIAL SECURITY OR FEDERAL TAX NO.	
4B. MAILING ADDRESS				4C. CITY, STATE		4D. ZIP CODE	
5. SECURED PARTY NAME NEVADA STATE BANK MAILING ADDRESS PO BOX 990 CITY LAS VEGAS STATE NV ZIP CODE 89125-0990						5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0074190	
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE						6A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
7. A <input checked="" 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 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. <b>(Signature of Debtor(s) and Secured Party(ies) required on all amendments)</b>							
8.							

9. 9188304-5001 (Date) 01/24/01 ~~19~~

By: \_\_\_\_\_ (TITLE)

By: Wendy Malcolm (SIGNATURE(S) OF SECURED PARTY(IES)) COMMERCIAL LOANS AVP (TITLE)  
WENDY MALCOLM (TYPE NAME(S))

10. This Space for Use of Filing Officer (Date, Time, Filing Office)

REQUESTED BY  
Nevada State Bank  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 FEB -1 AM 10:30

LINDA SLATER  
RECORDER

\$15.00 PAID 1/2 DEPUTY

11. **Return Copy to**

NAME  NEVADA STATE BANK  
ADDRESS ATTN: CLSD/3800 VS1  
CITY, STATE PO BOX 990  
AND ZIP LAS VEGAS, NV 89125-0990

(1) Filing Officer Copy - Alphabetical

UNIFORM COMMERCIAL CODE - FORM UCC-2 (Rev. 7-86) Approved by the Nevada Secretary of State

0507993  
BK0201PG0090

THIS SPACE FOR USE OF FILING OFFICER

FILING FEE  
SEE INSTRUCTIONS