## .

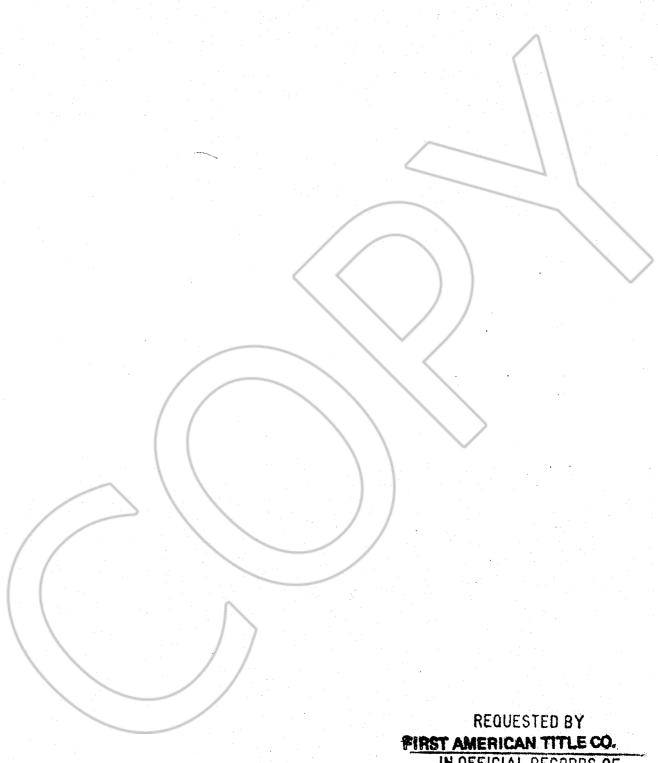
## UZU1P61289

## UNIFORM COMMERCIAL CODE -- FINANCING STATEMENT CHANGE -- FORM N-UCC-2

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

	(BI) BRIKK IIIIK IIKII KIKKI (IBKA IIIII KBIII KAIKI III Oo	91892032413001 Receipt	No
Read Instructions on back	k before filling out form.		
1. File No. of Orig. Financing Statement 366106	<b>1A.</b> Date of Filing of Orig. Financing Statment 7/14/1995	1B. Date of Orig. Financing Statement	1C. Place of Filing Orig. Financing Statement DOUGLAS
2. DEBTOR (ONE NAME ONLY)  X LEGAL BUSINESS NAME  INDIVIDUAL (LAST NAME FIRS	Barton Memorial Nevada Clinic, Inc., a	Nevada non-profit corporation	2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
P.O. Box 9578		S. Lake Tahoe, CA	89410
3. ADDITIONAL DEBTOR (IF ANY) (C☐ LEGAL BUSINESS NAME			3A. SOCIAL SECURITY OR FEDERAL TAX NO.
INDIVIDUAL (LAST NAME FIRST 3B. MAILING ADDRESS	1)	3C. CITY, STATE	3D. ZIP CODE
4. ADDITIONAL DEBTOR(S) ON A	ATTACHED SHEET		
5. SECURED PARTY NAME Wells Fargo Bank			5A. SOCIAL SECURITY OR FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
MAILING ADDRESS 1 East Fit			
CITY Reno	STATE NV	ZIP CODE 89501	
6. ASSIGNEE OF SECURED PARTY (	(IF ANY)		6A. SOCIAL SECURITY OR FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
NAME			OR BANK TRANSIT AND A.B.A. NO.
MAILING ADDRESS CITY	STATE	ZIP CODE	
is crops or timber, fixtu	e original Financing Statement between the foregoures, or oil, gas or minerals check here	insert description of real property on which grow	umber and date shown above is continued. If collateral ing or to be grown or to which affixed or to be affixed  Effective only if submitted within 6 months prior to
RELEASEFrom the obelow. Release does		earing the file number shown above, the Secured	Party releases the collateral described in Item 8
	ecured Party certifies that the Secured Party has file number shown above in the collateral describ		art of the Secured Party's rights under the Financing
D. X	Secured Party certifies that the Secured Party no	longer claims a security interest under the Finan	cing Statement bearing the file number shown above.
	nancing Statement bearing the file number show	n above is amended as set forth in Item 8 below.	Any changes made to Items 2 thru 6 above must be
E made in Item 8 below.	(Signature of Debtor(s) and Secured Party(ies)	) required on all amendments.)	<u> </u>
8.			
9. AU # 1662	0528835191		This Space for Use of Filing Officer: (Date, Time, File Number and Filing Officer)
Barton Memorial Nevada C	(Date) Jinio, Inc., a Nevada non-profit co	rporation	
By WXXXVM SIGNATURE(S)	OF DEBTOR(S)	(TITLE)	
WILLIAM !	G. GORDON  TYPE NAME(S)		
Wells Fargo Bank, N. A.  By CONOR BY TO SEE THE SEE	F SECURÉD PARTY(IES)	AVP	53
Α	rrego	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	83
	TYPE NAME(S)	·4625.06	20
11.	Return Copy to: 2000-3		
NAME Data File Services,	Inc.	Trust	
ADDRESS P.O. Box 29071 CITY, STATE Glendale, CA 9120	9-9071	Account Number	
AND ZIP 800-331-3282	818-662-4141	(If Applicable)	

UNIFORM COMMERCIAL CODE - FORM N-UCC-2



IN OFFICIAL RECORDS OF DOUGLAS CO. NEVADA

2001 FEB -8 AM 11: 09

LINDA SLATER
RECORDER

\$/6 PAID DEPUTY

**0508358 BK0201PG1290**