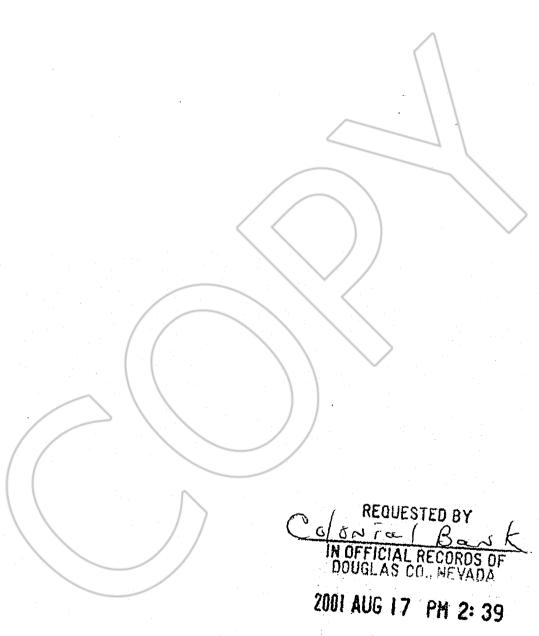
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. SE	ND ACKNOWLEDGMENT TO: (N	ame and Address)				\ \	
	Colonial Bank					\ \	
	PO Box 7498 Reno,Nv. 89510					\ \	
	Nello, INV. 03310					\ \	
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	L			THE ABOVE SDA	CE IS EC	R FILING OFFICE	ISE ONLY
a. INIT	TIAL FINANCING STATEMENT FILE#			THE ABOVE SPA	1b. Thi	s FINANCING STATEM	IENT AMENDMENT
082	241Douglas county				to t	e filed [for record] (or r AL ESTATE RECORDS	ecorded) in the 3.
	TERMINATION: Effectiveness of the	Financing Statement identified above	is terminated with respect to	security interest(s) of the S	ecured Pa	rty authorizing this Term	ination Statement.
	CONTINUATION: Effectiveness of continued for the additional period pro-		ove with respect to security	interest(s) of the Secured	Party auth	orizing this Continuatio	n Statement is
	ASSIGNMENT (full or partial): Give		address of assignee in item	7c: and also give name of	assignor in	item 9.	$\overline{}$
_ احظ	ENDMENT (PARTY INFORMATION			of record. Check only on			
Also	check one of the following three boxes	and provide appropriate information in	items 6 and/or 7.	/ /			
Z	CHANGE name and/or address: Give on name (if name change) in item 7a or 7b	urrent record name in item 6a or 6b; als and/or new address (if address change	so give new DELET to be de	E name: Give record name eleted in item 6a or 6b.	☐ All ite	DD name: Complete ite m 7c; also complete ite	m 7a or 7b, and also ms 7d-7g (if applicat
	RRENT RECORD INFORMATION:						
Ба	a. ORGANIZATION'S NAME Comstock Bank		_ \				
R 6b	D. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
CH/	ANGED (NEW) OR ADDED INFORM	IATION:		/ /			
7a	a. ORGANIZATION'S NAME	7	1 1	1	/		
R 7b	Colonial Bank b. INDIVIDUAL'S LAST NAME		IFIRST NAME		MIDDLE	NAME	SUFFIX
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ᆜ	ILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
. MAI	O Box 7498	\	Reno		Nv	89510	USA
PC			7f. JURISDICTION OF C	DOANIZATION	Za OPC	ANIZATIONAL ID #, if a	
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