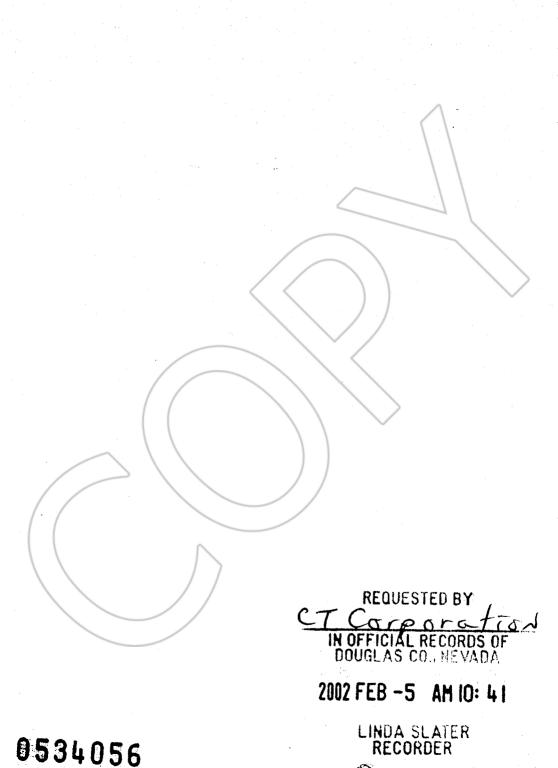
JCC FINANCING STATEMENT AMEN	DMENT		
OLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]		/	1
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		(	\
		\	\
Please Return To:  CT CORPORATION SYSTEM		\	\
Attn: Jim Cowan			( )
208 S. LaSalle Street, Suite 814		~	\ \
Chicago, IL 60604			\ \
		THE ADOVE CDACE IS FOR FIL	INC OFFICE USE ONLY
a. INITIAL FINANCING STATEMENT FILE#			NCING STATEMENT AMENDMEN
	1102 April 6, 1994	REAL EST	[for record] (or recorded) in the FATE RECORDS.
TERMINATION: Effectiveness of the Financing Statement idea.  CONTINUATION: Effectiveness of the Financing Statement			
continued for the additional period provided by applicable law.	identified above with respect to security intere	Sites of the Secured Pasty authorizing	and Continuation Statement is
ASSIGNMENT (full or partial): Give name of assignee in item	7a or 7b and address of assignee in item 7c; ar	nd also give name of assignor in item 9.	
<ul> <li>AMENDMENT (PARTY INFORMATION): This Amendment a Also check one of the following three boxes and provide appropriate in</li> </ul>	ш у ш у	ecord. Check only <u>one</u> of these two box	xes.
CHANGE name and/or address: Give current record name in iten name (if name change) in item 7a or 7b and/or new address (if ac		ne: Give record name ADD nam	ne: Complete item 7a or 7b, and als also complete items 7d-7g (if applic
. CURRENT RECORD INFORMATION:	to be deleted	II Rem 76; 8	
6a. ORGANIZATION'S NAME	_ \ \		
R 66. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	_ \		
. CHANGED (NEW) OR ADDED INFORMATION:			· · · · · · · · · · · · · · · · · · ·
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	СІТУ	STATE POS	TAL CODE COUNTR'
IMAILING ADDRESS	GITT	STATE FOO	TAE GODE
d. TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGAN	NIZATION 7f. JURISDICTION OF ORGAN	NIZATION 7g. ORGANIZA	TIONAL ID #, if any
DEBTOR			
AMENDMENT (COLLATERAL CHANGE): check only one bo		teral Massigned	
\ / /			
. NAME OF SECURED PARTY OF RECORD AUTHORIZIN adds collateral or adds the authorizing Debtor, or if this is a Terminat		if this is an Assignment). If this is an Amd enter name of DEBTOR authorizing t	
9a. ORGANIZATION'S NAME FINOVA Capital Corporation			
96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
O OPTIONAL FILER REFERENCE DATA  File with Douglas County, NV; Debtor: Haric	h Tahaa Dayalarrarrar	5095782	=66 52re
- FUE WITH LAMPIAS COURTY INV. LACINOL. FIALIC	ii i anoc Developinents		J21'

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