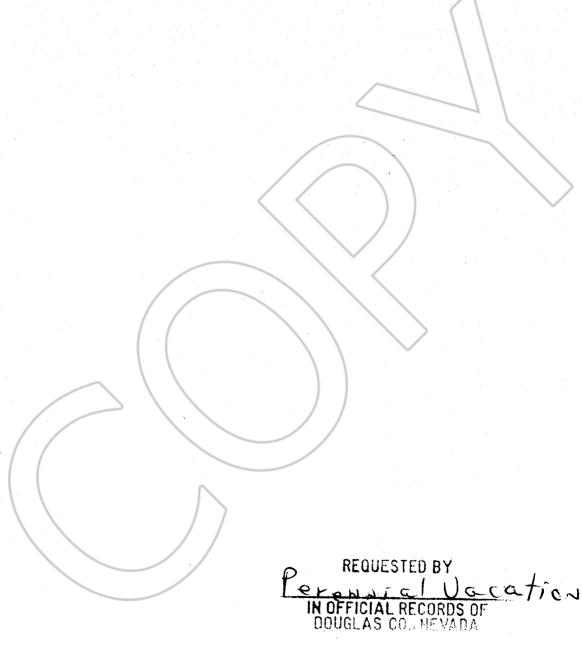
| UNIFORM COMMERCIAL CODE FINA This STATEMENT is presented for filing | oursuant to the Neva   | nda Uniform Comm            |  |  |
|---|--|-----------------------------|--|--|
| Read Instructions on back before filling out form.  1. File No. of Orig. Financing Statement  1. Date of Filing of Orig. Financing Statement  | 999Z ORIX CR   | EDI Rec                     |  | Place of Filing Orig. Financing Statement                              |
| 94-08562 07-11-94   |  | y. Financing Statem         |  | Nevada   |
| 2. DEBTOR (ONE NAME ONLY)   | S INTERNATION  | NAL INC.                    | 2A.  | SOCIAL SECURITY OR FEDERAL TAX N                                       |
| 2B. MAILING ADDRESS 312 DORLA COURT, SUITE 202  | The second of th | CITY, STATE<br>PHYR COVE, N | 1/   | 2 <b>D.</b> ZIP CODE<br>89448  |
| 3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY)  □ LEGAL BUSINESS NAME  |  |                             | 3A.  | SOCIAL SECURITY OR FEDERAL TAX N                                       |
| ☐ INDIVIDUAL (LAST NAME FIRST)  3B. MAILING ADDRESS   | 3C.  | CITY, STATE                 | <u> </u>   | 3D. ZIP CODE   |
|   |  |                             |  |  |
| <ul><li>4.  ADDITIONAL DEBTOR(S) ON ATTACHED SHEET</li><li>5. SECURED PARTY</li></ul>   |  |                             | 5A.  | SOCIAL SECURITY OR FEDERAL TAX N                                       |
| NAME ORIX CREDIT ALLIANCE, INC.   | •  |                             |  | OR BANK TRANSIT AND A.B.A. NO.   |
| MAILING ADDRESS 1625 NW AMBERGLEN COURT STE 100   |  |                             |  |  |
| CITY BEAVERTON STATE OR  6. ASSIGNEE OF SECURED PARTY (IF ANY)  |  | P CODE 97006                | 64   | SOCIAL SECURITY OR FEDERAL TAX N                                       |
| NAME  |  |                             | N.   | OR BANK TRANSIT AND A.B.A. NO.   |
| MAILING ADDRESS   |  |                             | / = = /  |  |
| CITY STATE  | Z  | PCODE                       | 11:1   |  |
| A. CONTINUATIONThe original Financing Statement between the for is crops or timber, fixtures, or oil, gas or minerals check here or from which to be extracted in Item 8 below. If crops or fixtures, a expiration date.  | and insert description o   | f real property on which    | growing or to  |  |
| RELEASEFrom the collateral described in the Financing Statement below. Release does not terminate debt.   | ent bearing the file numb  | per shown above, the S      | ecured Party re  | eleases the collateral described in Item 8                             |
| ASSIGNMENTThe Secured Party certifies that the Secured Party  | v has assigned to the As   | signee above named a        | Il or part of the  | Secured Party's rights under the Financing                             |
| C. Statement bearing the file number shown above in the collateral d  |  | -                           | ar or part or are  |  |
| D. X  | y no longer claims a sec   | urity interest under the    | Financing Stat   | ement bearing the file number shown above.                             |
| AMENDMENTThe Financing Statement bearing the file number of made in Item 8 below. (Signature of Debtor(s) and Secured Party   |  |                             | below. Any cha   | anges made to Items 2 thru 6 above must be                             |
| 8.  |  |                             | المعارضة والمعارضة المعارضة ا |  |
|   |  |                             |  |  |
|   |  |                             |  |  |
| 9. C48-24275  |  |                             | 10. This Spa<br>Number   | ace for Use of Filing Officer: (Date, Time, Fil<br>and Filing Officer) |
| (Date)<br>WORLD CLASS RESORTS INTERNATIONAL INC.  |  | 19                          |  |  |
| By DEBTOR SIGNATURE NOT REQUIRED  |  |                             |  |  |
| SIGNATURE(S) OF DEBTOR(S)   | (TITLE)  |                             |  |  |
| TYPE NAME(S)  |  |                             |  |  |
|   |  |                             |  |  |
| BOTIX Credit Alliance, Inc. by Glen York SIGNATURE(S) OF SECURED PARTY(IES)   | (TITLE)  |                             | •  |  |
| Assistant Secretary Lun Jul   |  |                             |  |  |
| PE NAME(S)  |  |                             |  |  |
| 11. Return Copy to:   |  | `                           |  | ;  |
| ORIX Credit Alliance, Inc.  NAME Orix 1625 N.W. AmberGlen, Suite 1  | 100  | Trust                       |  |  |
| ADDRESS CITY, STATE Beaverton, OR 97006-6997  | I UU   | Account<br>Number           |  |  |
| AND ZIP   |  | (If Applicable)             |  |  |
|   |  |                             | (3) 0  | nny - Secured Party  |



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LINDA SLATER RECORDER