

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

UCC FINANCING STATEMENT AMENDMENT

B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Timothy J. Henderson, Esq. Henderson & Morgan, LLC 164 Hubbard Way, Suite B Reno, Nevada 89502			
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1a. INITIAL FINANCING STATEMENT FILE#	THE AB	OVE SPACE IS FOR FILING OF	
UCC #07168, Book 1090, Page 4111, Doc. #237573	3, Douglas County, NV	to be filed [for record] (o	r recorded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified	above is terminated with respect to security interes		
3. CONTINUATION: Effectiveness of the Financing Statement identificant continued for the additional period provided by applicable law.	fied above with respect to security interest(s) of	the Secured Party authorizing this Continuation	on Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7	7b and address of assignee in item 7c; and also	give name of assignor in item 9.	/ /
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record.	Check only one of these two boxes.	
Also check <u>one</u> of the following three boxes and provide appropriate in CHANGE name and/or address: Give current record name in item 6a or	or 6b: also give new DELETE name: Giv	re record name ADD name: Complete	item 7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address 6. CURRENT RECORD INFORMATION:	change) in item 7c. L to be deleted in item	n 6a or 6b. Litem 7c; also complete	items 7d -7g (if applicable
6a. ORGANIZATION'S NAME		1 1	
Wimar Tahoe Corporation OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
		/ /	001112
7. CHANGED (NEW) OR ADDED INFORMATION:	1		.
7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
			4
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	TION 7f. JURISDICTION OF ORGANIZATI	ON 7g. ORGANIZATIONAL ID#,	if any NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restate	d collateral description, or describe collateral	assigned.	
\ \ \			
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THI adds collateral or adds the authorizing Debtor, or if this is a Termination au 		an Assignment). If this is an Amendment autho name of DEBTOR authorizing this Amendme	
9a. ORGANIZATION'S NAME Michigan National Bank			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			1
County - 16			

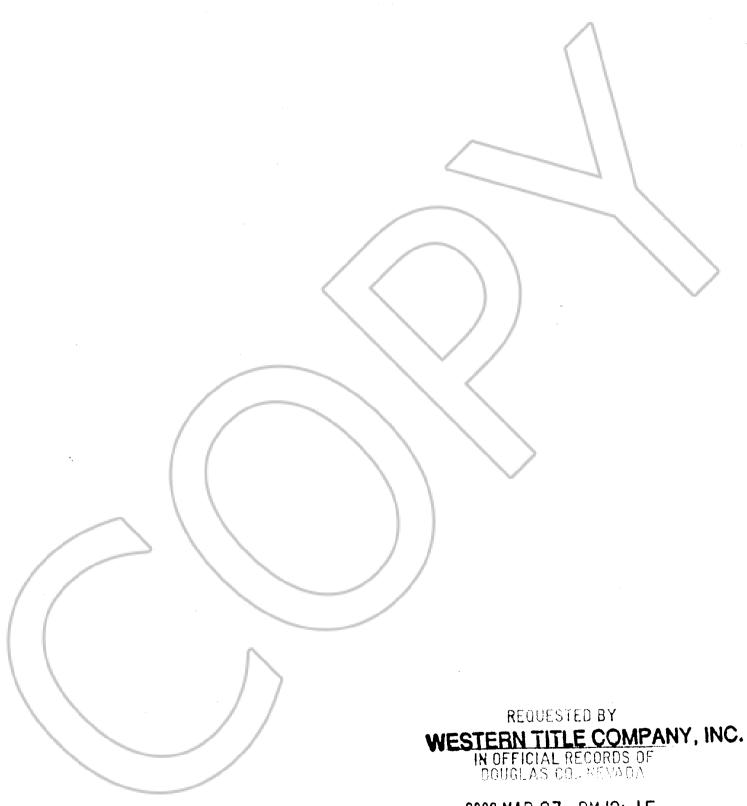
FILING OFFICE COPY -NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/1/01)

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	LOW INSTRUCTIONS (front and back) CA		IN ADDENDUM	
	INITIAL FINANCING STATEMENT FILE #		ent form)	
	CC #07168, Book 1090, Page 411			
12.	NAME OF PARTY AUTHORIZING THIS A 12a. ORGANIZATION'S NAME	_		
OR	Michigan National Bank 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	
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12	. Hoo this anges for additional infe			THE ABOVE SPACE IS FOR FILING OFFICE USE ONL
13	Use this space for additional info	ormation		
De	btor: Wimar Tahoe Corporation	l		
Ad	ditional Debtor: Lake Tahoe Ho	rizon Casino Resort		
Re	cord Owner: Park Cattle Co.			
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LINDA SLATER
RECORDER

\$ 40 PAID / DEPUTY