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		ZZORECIAL IN OFFICIAL DOUGLAS C	RECORDS OF	(e s / `		
CC FINANCING STATEMENT		ooust as c	U. NEVALA			
DLLOW INSTRUCTIONS (front and back) CAREFULLY		_ 2003 JUL -9 Ali 9: 51				
. NAME & PHONE OF CONTACT AT FILER [optional]		WERNER C	, Muse were			
SEND ACKNOWLEDGMENT TO: (Name and Address)		, RECOR	NOER TEN			
Z Loan & Investment, LLC		WERMER C RECOR S— PAID K	\mathcal{Z}_{-0} EPUTY			
P.O. Box 12459 Zephyr Cove, NV 89448		Commence of Party and	czutruty	•		
Zepliyi Cove, IVV 09440	_		\ \			
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		OVE SPACE IS FOR FI	LING OFFICE USE	ONLY		
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1: 1a. ORGANIZATION'S NAME	a or 1b) - do not abbreviate or combine names	3		\		
R 15. INDIVIDUAL'S LAST NAME Zavadii	FIRST NAME Larry	MIDDLE NAME		SUFFIX		
MAILING ADDRESS	CITY	l II	STAL CODE	COUNTRY		
P.O. Box 196	Glenwood	MN	56334	US		
. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZA	TIONAL ID #, if any	•		
9342 ORGANIZATION DEBTOR		' /i		NON		
9342 ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	debtor name (2a or 2b) - do not abbreviate or	combine names		NON		
-9342 ORGANIZATION DEBTOR	debtor name (2a or 2b) - do not abbreviate or	combine names		NON		
9342 ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	debtor name (2a or 2b) - do not abbreviate or	combine names MIDDLE NAME		SUFFIX		
-9342 ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX		
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME	\ \ \ \ \ /	MIDDLE NAME	STAL CODE			
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION	FIRST NAME	MIDDLE NAME STATE POS		SUFFIX		
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME . MAILING ADDRESS . TAX ID #: SSN OR EIN ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO)	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION R S/P) - insert only one secured party name (3	STATE POS 29. ORGANIZA 38a or 3b)	STAL CODE	SUFFIX		
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME . MAILING ADDRESS . TAX ID #: SSN OR EIN ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO)	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION R S/P) - insert only one secured party name (3	STATE POS 29. ORGANIZA 38a or 3b)	STAL CODE	SUFFiX		
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION DEBTOR	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION R S/P) - insert only one secured party name (3	STATE POS 29. ORGANIZA 38a or 3b)	STAL CODE	SUFFIX		
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO) 3a. ORGANIZATION'S NAME Richard and Carol Auslen Family 3b. INDIVIDUAL'S LAST NAME	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION R S/P) - insert only one secured party name (3 Trust - Carol Auslen Share data	STATE POS 29. ORGANIZA 3a or 3b) ted 9/23/91 MIDDLE NAME	STAL CODE STIONAL ID #, if any	SUFFIX ON NON		
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME TAX ID #: SSN OR EIN	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION R S/P) - insert only one secured party name (3) Trust - Carol Auslen Share date	STATE POS 29. ORGANIZA 3a or 3b) ted 9/23/91 MIDDLE NAME	STAL CODE	SUFFIX COUNTRY		

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING
6. This Financing Statement is to be filled [for record] (or recorded) in the REAL SESTATE RECORDS. Attach Addendum (if applicable) [if applicable] Additional FEE) (applicable) [if applicable] Additional FEE) [applicable] Additional FEE) [applicable] [a

ICC FINANCING STATE DLLOW INSTRUCTIONS (front and b					\wedge	
NAME OF FIRST DEBTOR (1a or						
9a. ORGANIZATION'S NAME					\ \	
					\ \	
9b. (NDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUI	FIX		\ \	
Zavadil	Larry	A			\ \	
MISCELLANEOUS:					\ \	
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				The second of the second of	1	1
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						744
			THE ABOVE	SPACE	IS FOR FILING OFFIC	E USE ONLY
. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert of	nly <u>one</u> name (11a or 11b) - do not al	breviate or combine name	=s		
11a. ORGANIZATION'S NAME			1			700
AAL INDIAMENTAL ADT MALES			1			
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
POLICE AND			///			
: MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
				•		
TAX ID #: SSN OR EIN ADD'L INFO	RE 11e. TYPE OF ORGANIZA	TION 111. JURISDICTION OF OF	RGANIZATION	11a. OR	GANIZATIONAL ID #, if an	v
ORGANIZAT DEBTOR	ION			1		NO
X ADDITIONAL SECURED PAR	RTY'S or ASSIGNOR	R S/P'S NAME - insert only one n	ame (12a or 12b)	-1		
12a. ORGANIZATION'S NAME.			1			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
Barnett	/	David		B		
. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
170 HWY 50, Suite 5		South Lake Taho	e	CA	96150	US
This FINANCING STATEMENT covers	timber to be cut or as-ex	tracted 16. Additional collateral d	escription:			
collateral, or is filed as a x fixture filin	<u></u>					
Description of real estate:	\					
and Coverage appurtenant to		42				
akeview Avenue, Zephyr Co	ve, Nevada, 89448.					
ha land antomod to bounin in	aituated in the Ctate of					
he land referred to herein is a levada, County of Douglas, d						
Exhibit A".	icooribed do foliotro. e	///				
	The same of the sa					
ssessors Parcel Number: 13	318-16-810-005					
	^					
\	1)					
	/ /					
	/ /					
Name and address of a RECORD OWNE						
(if Debtor does not have a record interest)						
		17. Check only if applicab	e and check only one box	ς.		_
		Debtor is a Trust or	Trustee acting with re	spect to p	roperty held in trust or	Decedent's Esta
		18. Check only if applicab	le and check <u>only</u> one box	ί.		
		Debtor is a TRANSMIT	TING UTILITY			
		Filed in connection wit	h a Manufactured-Home 1	Fransaction	n — effective 30 y	82714
			h a Public-Finance Transa		_ _	•

JCC FINANCING OLLOW INSTRUCTION		ADDITIONAL PART CAREFULLY	Y			\wedge	
		ON RELATED FINANCING S	STATEMENT				
19a. ORGANIZATION	'S NAME					\ \	
OR 196. INDIVIDUAL'S LA	ACT NAME	FIRST NAME	MIDDLE NAME, SUFFIX			\ \	
	AST NAME					\ \	
Zavadil 20. MISCELLANEOUS:		Larry	A.			\ \	
			K		_		
				THE ABOVE	E SPACE	IS FOR FILING OFF	ICE USE ONLY
		LEGAL NAME - insert only on	e name (21a or 21b) - do not abbreviat	te or combine nam	e\$		
21a. ORGANIZATION	'S NAME			1 1			1
OR 216. INDIVIDUAL'S LA	AST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
Z IV. INDIVIDUAL S LA	OT NUME	'	I IVO CAMPAIL)			33.1
21c. MAILING ADDRESS			спу		STATE	POSTAL CODE	COUNTRY
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	21e. TYPE OF ORGANIZATION	21f. JURISDICTION OF ORGANIA	ZATION	21g. OR		any
2. ADDITIONAL DEB	TOR'S EXACT FULL	LEGAL NAME - insert only on	e name (22a or 22b) - do not abbreviat	te or combine nam	es		
22a. ORGANIZATION	SNAME			1			
R R R R R R R R R R R R R R R R R R R							
22b. INDIVIDUAL'S LA	ASTNAME		FIRST NAME	////	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
2d. SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	22e. TYPE OF ORGANIZATION	22f. JURISDICTION OF ORGANIZ	ZATION	22g. OR	GANIZATIONAL ID#, if a	any NO
		LEGAL NAME - insert only on	e name (23a or 23b) - do not abbreviat	e or combine nam	es		
23a. ORGANIZATION	SNAME		1 1				
DR 23b. INDIVIDUAL'S LA	AST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
	,						
3c. MAILING ADDRESS			OITY		STATE	POSTAL CODE	COUNTRY
d SEEINSTRUCTIONS	ORGANIZATION	23e. TYPE OF ORGANIZATION	23f. JURISDICTION OF ORGANIZ	ZATION	23g. OR	GANIZATIONAL ID #, if a	any Nor
4 ADDITIONAL SECT	DEBTOR	AME for Name of TOTAL ASSIGN	NEE) - insert only <u>one</u> name (24a or 24	lb)	1		
24a. ORGANIZATION		THE OFFICE OF TO THE PRODUCT	The property of the second of				
24b. INDIVIDUAL'S LA	STNAME	//	FIRST NAME		MIDDLE	NAME	SUFFIX
Donovan		/ /	John		N.		
c. MAILING ADDRESS		/ /	СПУ		STATE	POSTAL CODE	COUNTRY
869 Rolling Bro	ok Court		Reno		NV	89509	US
5. ADDITIONAL SECU 25a. ORGANIZATION		AME (or Name of TOTAL ASSIGN	NEE) - insert only <u>one</u> name (25a or 25	(b)			
R 25b. INDIVIDUAL'S LA	STNAME		FIRST NAME		MIDDLE	NAME	SUFFIX
			Mary		Jane		
Kingman ic. MAILING ADDRESS			Glenbrook 0582	711.		POSTAL CODE	COUNTRY
P.O. Box 209			Glenbrook UJOZ	114	NV	89413	US

	OW INSTRUCTIONS		ON RELATED FINANCII	NG STATEMENT	\dashv		/\	
	AME OF FIRST DEE 9a ORGANIZATION'S N		ON RELATED FINANCII	NG STATEMENT	_		/ /	
							\ \	
OR	9b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME, SUF	FIX		\ \	
	Zavadil		Larry	Α.			\ \	
Q. M	ISCELLANEOUS:						\ \	
							7	
						PACE I	S FOR FILING OFF	ICE USE ONLY
_	DDITIONAL DEBTO 1a. ORGANIZATION'S N		L LEGAL NAME - insert or	nly <u>one</u> name (21a or 21b) - do not abl	previate or combine names			/ /
	TA: ONGANIZATIONG N	INVIC			/ /			The same of the sa
DR 2	16. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDOLE N	IAME	SUFFIX
1c. N	IAILING ADDRESS		, <u>, , , , , , , , , , , , , , , , , , </u>	СПУ		STATE	POSTAL CODE	COUNTRY
1d. <u>S</u>	EEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	21e, TYPE OF ORGANIZAT	ION 21f. JURISDICTION OF OR	GANIZATION 2	21g. ORG	ANIZATIONAL ID#, if	any
2. A	DDITIONAL DEBTO	R'S EXACT FUL	L LEGAL NAME - insert or	nly <u>one</u> name (22a or 22b) - do not ab	previate or combine names			
2	2a. ORGANIZATION'S N	AME						
IR 2	2b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE N		SUFFIX
2c. M	IAILING ADDRESS			CITY	/		POSTAL CODE	COUNTRY
2d. <u>S</u>	<u>EEINSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	22e. TYPE OF ORGANIZAT	ION 22f. JURISDICTION OF OR	GANIZATION [2	22g. ORG	ANIZATIONAL ID #, if	any No
	DDITIONAL DEBTO 3a. ORGANIZATION'S NA		L LEGAL NAME - insert on	ily <u>one</u> name (23a or 23b) - do not abl	reviate or combine names			
_ Z.	38. URGANIZATION S N	AME	\	1 1				
R	36. INDIVIDUAL'S LAST	NAME		FIRST NAME		/IIDDLE N	IAME	SUFFIX
-	SS. INSTITUTE OF ENGIN	TO THE		7 /	l"		-	
3c. M	AILING ADDRESS			CITY	5	STATE	POSTAL CODE	COUNTRY
id. <u>S</u>	EEINSTRUCTIONS	ADD'L INFO RE	23e. TYPE OF ORGANIZATI	ION 23f. JURISDICTION OF OR	GANIZATION 2	3g. ORG	ANIZATIONAL ID #, if	any
	_	ORGANIZATION DEBTOR			·			Пис
4. A[ODITIONAL SECUR		IAME (or Name of TOTAL AS	SSIGNEE) - insert only <u>one</u> name (24a	a or 24b)			
	4a. ORGANIZATION'S N							
N	The Mallard Co	mpany	1)					
)R 2	45. INDIVIDUAL'S LAST	NAME	//	FIRST NAME	N	AIDDLE N	IAME	SUFFIX
4c. M	AILING ADDRESS		/ /	CITY	S	STATE	POSTAL CODE	COUNTRY
796	0 Southampton	Drive		Reno		NV	89509	US
149			IAME (or Name of TOTAL AS	SSIGNEE) - insert only <u>one</u> name (25a	a or 25b)			
5. AI	DDITIONAL SECUR 5a. ORGANIZATION'S N	AME						
5. Al	sa. ORGANIZATION'S N			EIDCT NAME	Гъ	AIDDI E V	IAME	CHECIY
25. AL	5a. ORGANIZATION'S NA 5b. INDIVIDUAL'S LAST I			FIRST NAME		MIDDLE N	IAME	SUFFIX
25. AI	sa. ORGANIZATION'S N			Marvin]	F.	POSTAL CODE	SUFFIX

JCC FINANCING STATE OLLOW INSTRUCTIONS (front a		ARTY		Λ	
9. NAME OF FIRST DEBTOR (1	a or 1b) ON RELATED FINANCII	NG STATEMENT			
19a. ORGANIZATION'S NAME				\ \	
DR 195. INDIVIDUAL'S LAST NAME	I FIDOT NAME	TAMPOLE NAME CLICKY		\ \	
	FIRST NAME	MIDDLE NAME, SUFFIX		\ \	
Zavadil	Larry	Α.		\ \	
0. MISCELLANEOUS:			_		
	.	THE ABO	VE SPACE	IS FOR FILING OFF	ICE USE ONLY
	ACT FULL LEGAL NAME - insert on	nly <u>one</u> name (21a or 21b) - do not abbreviate or combine r	iames		<u> </u>
21a. ORGANIZATION'S NAME		/ / \	/		1
21b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS		cny	STATE	POSTAL CODE	COUNTRY
	NFO RE 21e. TYPE OF ORGANIZATI IZATION	ION 21f. JURISDICTION OF ORGANIZATION	21g. OR	RGANIZATIONAL ID #, if	
DEBTO	R				NON
. ADDITIONAL DEBTOR'S EXA 22a. ORGANIZATION'S NAME	ACT FULL LEGAL NAME - insert on	nly one name (22a or 22b) - do not abbreviate or combine r	ames		
ELU. OROFINIENTO FORME					
225. INDIVIDUAL'S LAST NAME	/-/	FIRST NAME	MIDDLE	NAME	SUFFIX
1	/ /		1		
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ORGAN	NFO RE 22e. TYPE OF ORGANIZATI IZATION	ION 22f. JURISDICTION OF ORGANIZATION	22g. OR	GANIZATIONAL ID #, if	· —
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	/ /	/ /			
23b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
. MAILING ADDRESS		GITY	STATE	POSTAL CODE	COUNTRY
SEEINSTRUCTIONS ADD'L II	NFO RE 23e. TYPE OF ORGANIZATI	ON 23f JURISDICTION OF ORGANIZATION	234 08	GANIZATIONAL ID #, if	anv
ORGAN	IZATION !	1	25g. OK	CONTRIEST TOTAL TO #, IF	□ _{NON}
ADDITIONAL SECURED BAS		SSIGNEE) - insert only <u>one</u> name (24a or 24b)			NON
24a. ORGANIZATION'S NAME	(1) S NANCE (OF NAME OF TOTAL AS	Soldivee) - Insert Only <u>One</u> harne (24a of 24b)			
Bruce E. Sarkin, MD.	a Medical Corporation F	Pension Plan			
246 INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
	/_/			7	
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
53 Glenwood Road		Grass Valley	CA	95945	US
5. ADDITIONAL SECURED PAR 25a. ORGANIZATION'S NAME	RTY'S NAME (or Name of TOTAL AS	SSIGNEE) - insert only <u>one</u> name (25a or 25b)			
25b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
John		Schopf	Α.		Jr.
. MAILING ADDRESS		OIT?	CTATE	POSTAL CODE	COUNTRY
P.O. Box 12090		Zephyr Cove 0582711	↓ NV	89448	US

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	ME OF FIRST DEE . ORGANIZATION'S N		ON RELATED FINANCING S	TATEMENT			/ /	
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19E	, INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME, SUFFIX			\ \	
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O.MIS	CELLANEOUS:						\ \	
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					THE ABOVE	SPACE	IS FOR FILING OFFI	ICE USE ONLY
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21a	. ORGANIZATION'S N	AME			/ /			
3			-	- Incompany		THIRDI E	LIABAT	Teuron
216	. INDIVIDUAL'S LAST	NAME	(FIRST NAME		MIDDLE	IAVIAE	SUFFIX
AM c	LING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
. IVIA	KING ADDRESS			OI I	///	0		
SE	EINSTRUCTIONS		21e. TYPE OF ORGANIZATION	21f. JURISDICTION OF ORGAN	NIZATION	21g. OR	 GANIZATIONAL ID #, if i	any
		ORGANIZATION DEBTOR		\ \ \ \ \		1		NO
ADI	DITIONAL DEBTO		L L LEGAL NAME - insert only <u>one</u>	name (22a or 22b) - do not abbrevi	ate or combine name	es		
	. ORGANIZATION'S N			1				
					1			
22b	. INDIVIDUAL'S LAST	NAME	/	FIRST NAME	1	MIDDLE	NAME	SUFFIX
				/ /		\	1	
. MAI	LING ADDRESS	- / /		CITY	1	STATE	POSTAL CODE	COUNTRY
SE	EINSTRUCTIONS	TADO'L INFO RE	22e. TYPE OF ORGANIZATION	22f, JURISDICTION OF ORGAN	JIZATION	22a OR	 GANIZATIONAL ID #, if a	anv
		ORGANIZATION DEBTOR	l l			1		□ _{NC}
ADE	DITIONAL DEBTO		L LEGAL NAME - insert only one	name (23a or 23b) - do not abbrevi	ate or combine name	es		
	ORGANIZATION'S N							
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23b	. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
								A CONTRACTOR
. MAI	LING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
er.	INSTRUCTIONS	ADD'L INFO RE	23e. TYPE OF ORGANIZATION	23f. JURISDICTION OF ORGAN	JIZATIONI	23a OP/	GANIZATIONAL ID#, if:	anv
· SEE	INSTRUCTIONS	ORGANIZATION	1236. THE OF ORGANIZATION	1	WEATION	125g. Oiti	5714271101171C 15 11, 11	
۸۵۲	NTIONAL SECTIO	DEBTOR	AME (a. N of TOTAL ASSIGN	EE) - insert only <u>one</u> name (24a or :	246)			NC.
	ORGANIZATION'S NA		MIVIE (OF Name of 101AL ASSIGN	EE) - Insert only <u>one</u> harrie (24a or .	240)			
$\mathbb{N}_{\mathbf{r}_2}$	all Pine, Ltd.		1)					
	INDIVIDUAL'S LAST	VAME	-/-/	FIRST NAME		MIDDLE	NAME	SUFFIX
	1		/ /					
MAI	LING ADDRESS		/ /	СПҮ		STATE	POSTAL CODE	COUNTRY
	Southampton	Drive		Reno		NV	89509	US
i.		ED PARTY'S N	AME (or Name of TOTAL ASSIGN	EE) - insert only <u>one</u> name (25a or 2	25b)			
490 . ADE								
490 ADE 25a	. ORGANIZATION'S N	AME						
490 . ADE	. ORGANIZATION'S N	AME		TEIDET MANC		[MIDDLE]	NAME	QUECIY
490 . ADE		AME		FIRST NAME		MIDDLE	NAME	SUFFIX
490 25a Z 25b	. ORGANIZATION'S N	AME			82714		NAME POSTAL CODE	SUFFIX

EXHIBIT "A"

Lot 79, ELKS SUBDIVISION, as shown on the map recorded in the office of the County Recorder May 5, 1927 in the Book 1 of Maps, Douglas County Records and Amended Map recorded January 5, 1928, in Book 1 of Maps, Document No. 8537, Douglas County Records.

Excepting any portion of the above described property lying within the bed of Lake Tahoe below the line of natural ordinary high water and also excepting any artificial accretions to the land waterward of the line of natural ordinary high water or, if lake level has been artificially lowered, excepting any portion lying below an elevation of 6,223.00 feet, Lake Tahoe Datum established by NRS 321.595.

