

FOLLOW INSTRUCTIONS (front and back) CAREFULLY	N I 21	003 AUG 11 AM 10: 10	
A. NAME & PHONE OF CONTACT AT FILER lootional		WERNER CHRISTEN	
Terri Grooms (702) 876-7166		RECORDER	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		nno po	
Southwest Gas Corporation	\$4	20 PAID PSC DEPUTY	,
Attn: LVC-390 (Payroll)		\ \	
P.O. Box 98510	~	_ \ \	
Las Vegas, NV 89193-8510	/		
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	THE ABOVE	SPACE IS FOR FILING OFFICE USI	
1a, INITIAL FINANCING STATEMENT FILE # 08644		1b. This FINANCING STATEMEN to be filed [for record] (or reco	
2. X TERMINATION: Effectiveness of the Financing Statement identified above	is terromated with respect to sequirity interest(s) of	the Secured Party authorizing this Termina	tion Statement
CONTINUATION: Effectiveness of the Financing Statement identified a			
continued for the additional period provided by applicable law.	isoto dia Pospesi le sassiny site esita, oi mo see	ated 1 ary and ordering this continuation o	
4. ASSIGNMENT (full or partial): Give name of assignee in Item 7a or 7b ar	nd address of assignee in item 7c; and also give nam	ne of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check on	ly <u>one</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate information in		/	
CHANGE name and/or address: Give current record name in item 8a or 6b; a name (if name change) in item 7a or 7b and/or new address (if address change)	also give new 1999 in item 7c. DELETE name: Give record responsible to be deleted in item 6a or 6b.	name ADD name: Complete item 7 item 7c; also complete items	a or 7b, and also 7d-7g (if applicable
6. CURRENT RECORD INFORMATION: Ba. ORGANIZATION'S NAME			
SE. STIGNIER TOTTOTAINE	/ / /		
OR 65. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
OR THE PROPERTY OF THE PROPERT	- Innoversity	Tuppie wwe	Loughiy
76. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	ОТУ	STATE POSTAL CODE	COUNTRY
TO MINISTRA RESTRICT			
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	71. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR	/ /		NOI
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated colla	ateral description, or describe collateral assign	ned.	
\ \ \			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	AMENDMENT (name of assignor, if this is an Assir	nment). If this is an Amendment authorize	d by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorize			, =
9a. ORGANIZATION'S NAME Southwest Gas Corporation	- Company of the Comp		
OB			

 NAME OF SECURED PARTY OF RECORD AUTH- adds collateral or adds the authorizing Debtor, or if this is a 	Termination authorized by a Debtor, check here and en		
9a. ORGANIZATION'S NAME Southwest Gas Co	orporation		
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			5912

Debtor: Julie D. Hearn (885 Meadow Vista Dr.)

INITIAL FINANCING STATEMENT	FILE # (same as item 1a on Amen	dment form)	1	
NAME OF PARTY AUTHORIZING 12a. ORGANIZATION'S NAME	THIS AMENDMENT (same as it	em 9 on Amendment form)		\ \
12b. INDIVIDUAL'S LAST NAME	FIRST NAME ,	MIDDLE NAME, SUFFIX	~	\\
Use this space for additional inform				<u> </u>
lie D. Hearn (1995) -2574 85 Meadow Vista Dr.	1)			
arson City, NV 89705			THE ABOVE SPACE IS	FOR FILING OFFICE USE ONLY
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