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[REDACTED]

REQUESTED BY  
Bank One  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 OCT 12 AM 9:33

WERNER CHRISTEN  
RECORDER

\$20.00 PAID KJ DEPUTY

**UCC FINANCING STATEMENT AMENDMENT**  
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME .PHONE OF CONTACT AT FILER (optional)

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B. SEND ACKNOWLEDGMENT TO: (NAME AND ADDRESS)

PAUL GONZALES  
P.O. BOX 5115  
STATELINE NV 89449

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. INITIAL FINANCING STATEMENT FILE#  
0513952 05/11/01 DOUGLAS CO NEVADA

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

2.  **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3.  **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4.  **ASSIGNMENT:** (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5.  **AMENDMENT (PARTY INFORMATION):** This Amendment effects  Debtor or  Secured Party of record. Check only one of these two boxes.  
Also check one of the following three boxes and provide appropriate information in items 8 and/or 7.

**CHANGE** name and/or address: Give current record name in item 6a or 8b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7e.  **DELETE** name: Give record name to be deleted in item 8a or 8b.  **ADD** name: Complete item 7a or 7b and also item 7c also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME GONZALES	FIRST NAME PAUL	MIDDLE NAME W	SUFFIX
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7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS

P.O. BOX 5115	CITY STATELINE	STATE NV	POSTAL CODE 89449	COUNTRY U.S.A.
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7d. SEE INSTRUCTIONS 2065	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID# if any <input type="checkbox"/> NONE
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8. AMENDMENT (COLLATERAL CHANGE): check only one box.  
Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  assigned.  
2000 MERCURY 50 ELPT FOURSTROKE VIN# OG961397

9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment), if this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here  and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME  
BANK ONE NA

OR

9b. INDIVIDUAL'S LAST NAME JENNIFER KELLY	FIRST NAME Jennifer Kelly	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA

0626406

BK1004PG04205