

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]  
**AMY CARAMAZZA (775) 588-2509**

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**Z LOAN & INVESTMENT, LLC  
P. O. BOX 12459  
ZEPHYR COVE, NV 89448**

**REF: ZAVADIL #25**

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 9 Fee: 40.00  
BK-0506 PG- 7216 RPTT: # 0



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # **582714**

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 affects  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 6 and/or 7.

**CHANGE** name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.  **DELETE** name: Give record name to be deleted in item 6a or 6b.  **ADD** name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

**6. CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	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

CITY	STATE	POSTAL CODE	COUNTRY
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7d. <b>SEE INSTRUCTIONS</b>	ADDL. INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
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NONE

**8. AMENDMENT (COLLATERAL CHANGE):** check only one box.

Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  assigned.

**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

**RICHARD AND CAROL AUSLEN FAMILY TRUST - CAROL AUSLEN SHARE DATED 9/23/91**

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA  
**ZAVADIL #25**

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

14. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)  
**582714**

15. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)  
 15a. ORGANIZATION'S NAME  
**RICHARD AND CAROL AUSLEN FAMILY TRUST - CAROL AUSL**  
 OR  
 15b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

16. MISCELLANEOUS

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

17. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (17a or 17b) - do not abbreviate or combine names  
 17a. ORGANIZATION'S NAME  
 OR  
 17b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
 17c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
 17d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 17e. TYPE OF ORGANIZATION 17f. JURISDICTION OF ORGANIZATION 17g. ORGANIZATIONAL ID #, if any  NONE

18. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (18a or 18b) - do not abbreviate or combine names  
 18a. ORGANIZATION'S NAME  
 OR  
 18b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
 18c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
 18d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 18e. TYPE OF ORGANIZATION 18f. JURISDICTION OF ORGANIZATION 18g. ORGANIZATIONAL ID #, if any  NONE

19. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (19a or 19b) - do not abbreviate or combine names  
 19a. ORGANIZATION'S NAME  
 OR  
 19b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
 19c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
 19d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 19e. TYPE OF ORGANIZATION 19f. JURISDICTION OF ORGANIZATION 19g. ORGANIZATIONAL ID #, if any  NONE

20. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (20a or 20b)  
 20a. ORGANIZATION'S NAME  
 OR  
 20b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
**BARNETT DAVID E**  
 20c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**3170 HWY 50 - STE 5 SOUTH LAKE TAHOE CA 96150**

21. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (21a or 21b)  
 21a. ORGANIZATION'S NAME  
 OR  
 21b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
**DONOVAN JOHN N**  
 21c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**1869 ROLLING BROOK CT RENO NV 89509**

**UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY**  
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14. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)  
**582714**

15. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)  
 15a. ORGANIZATION'S NAME  
**RICHARD AND CAROL AUSLEN FAMILY TRUST - CAROL AUSL**  
 OR  
 15b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

16. MISCELLANEOUS

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17. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (17a or 17b) - do not abbreviate or combine names  
 17a. ORGANIZATION'S NAME  
 OR  
 17b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
 17c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
 17d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 17e. TYPE OF ORGANIZATION 17f. JURISDICTION OF ORGANIZATION 17g. ORGANIZATIONAL ID #, if any  NONE

18. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (18a or 18b) - do not abbreviate or combine names  
 18a. ORGANIZATION'S NAME  
 OR  
 18b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
 18c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
 18d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 18e. TYPE OF ORGANIZATION 18f. JURISDICTION OF ORGANIZATION 18g. ORGANIZATIONAL ID #, if any  NONE

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 OR  
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 19c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
 19d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 19e. TYPE OF ORGANIZATION 19f. JURISDICTION OF ORGANIZATION 19g. ORGANIZATIONAL ID #, if any  NONE

20. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (20a or 20b)  
 20a. ORGANIZATION'S NAME  
 OR  
 20b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
**KINGMAN MARY**  
 20c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**P. O. BOX 209 GLENBROOK NV 89413**

21. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (21a or 21b)  
 21a. ORGANIZATION'S NAME  
**THE MALLARD COMPANY**  
 OR  
 21b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
 21c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**3490 SOUTHAMPTON DRIVE RENO NV 89509**

**UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY**  
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**582714**

15. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

15a. ORGANIZATION'S NAME  
**RICHARD AND CAROL AUSLEN FAMILY TRUST - CAROL AUSI**

OR

15b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

16. MISCELLANEOUS

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17a. ORGANIZATION'S NAME

OR

17b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

17c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

17d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 17e. TYPE OF ORGANIZATION 17f. JURISDICTION OF ORGANIZATION 17g. ORGANIZATIONAL ID #, if any  NONE

18. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (18a or 18b) - do not abbreviate or combine names

18a. ORGANIZATION'S NAME

OR

18b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

18c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

18d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 18e. TYPE OF ORGANIZATION 18f. JURISDICTION OF ORGANIZATION 18g. ORGANIZATIONAL ID #, if any  NONE

19. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (19a or 19b) - do not abbreviate or combine names

19a. ORGANIZATION'S NAME

OR

19b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

19c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

19d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 19e. TYPE OF ORGANIZATION 19f. JURISDICTION OF ORGANIZATION 19g. ORGANIZATIONAL ID #, if any  NONE

20. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (20a or 20b)

20a. ORGANIZATION'S NAME

OR

20b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
**PETERSON MARVIN F**

20c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**P. O. BOX 315 ZEPHYR COVE NV 89448**

21. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (21a or 21b)

21a. ORGANIZATION'S NAME  
**BRUCE E. SARKIN, MD, A MEDICAL CORPORATION PENSION PLAN**

OR

21b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

21c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**653 GLENWOOD RD GRASS VALLEY CA 95945**

**UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY**  
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**582714**

15. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)  
 15a. ORGANIZATION'S NAME  
**RICHARD AND CAROL AUSLEN FAMILY TRUST - CAROL AUSL**  
 OR  
 15b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

16. MISCELLANEOUS

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 OR  
 17b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
 17c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
 17d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 17e. TYPE OF ORGANIZATION 17f. JURISDICTION OF ORGANIZATION 17g. ORGANIZATIONAL ID #, if any  NONE

18. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (18a or 18b) - do not abbreviate or combine names  
 18a. ORGANIZATION'S NAME  
 OR  
 18b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
 18c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
 18d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 18e. TYPE OF ORGANIZATION 18f. JURISDICTION OF ORGANIZATION 18g. ORGANIZATIONAL ID #, if any  NONE

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 19a. ORGANIZATION'S NAME  
 OR  
 19b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
 19c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
 19d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 19e. TYPE OF ORGANIZATION 19f. JURISDICTION OF ORGANIZATION 19g. ORGANIZATIONAL ID #, if any  NONE

20. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (20a or 20b)  
 20a. ORGANIZATION'S NAME  
 OR  
 20b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
**SCHOPF, JR. JOHN A.**  
 20c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**P. O. BOX 12090 ZEPHYR COVE NV 89448**

21. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (21a or 21b)  
 21a. ORGANIZATION'S NAME  
 OR  
 21b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
**TALL PINE, LTD.**  
 21c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**3490 SOUTHAMPTON DRIVE RENO NV 89509**

**UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY**  
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14. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

582714

15. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

15a. ORGANIZATION'S NAME		
<b>RICHARD AND CAROL AUSLEN FAMILY TRUST - CAROL AUSL</b>		
OR	15b. INDIVIDUAL'S LAST NAME	
	FIRST NAME	MIDDLE NAME, SUFFIX

16. MISCELLANEOUS

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17. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (17a or 17b) - do not abbreviate or combine names

17a. ORGANIZATION'S NAME						
OR	17b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
17c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
17d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	17e. TYPE OF ORGANIZATION	17f. JURISDICTION OF ORGANIZATION	17g. ORGANIZATIONAL ID #, if any		
				<input type="checkbox"/> NONE		

18. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (18a or 18b) - do not abbreviate or combine names

18a. ORGANIZATION'S NAME						
OR	18b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
18c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
18d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	18e. TYPE OF ORGANIZATION	18f. JURISDICTION OF ORGANIZATION	18g. ORGANIZATIONAL ID #, if any		
				<input type="checkbox"/> NONE		

19. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (19a or 19b) - do not abbreviate or combine names

19a. ORGANIZATION'S NAME						
OR	19b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
19c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
19d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	19e. TYPE OF ORGANIZATION	19f. JURISDICTION OF ORGANIZATION	19g. ORGANIZATIONAL ID #, if any		
				<input type="checkbox"/> NONE		

20. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (20a or 20b)

20a. ORGANIZATION'S NAME						
OR	<b>BACKSTAGE EQUIPMENT, INC. DEFINED BENEFIT PLAN, ET.AL.</b>		FIRST NAME	MIDDLE NAME	SUFFIX	
20b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX	
20c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
<b>8052 LANKERSHIM BLVD.</b>			<b>NORTH HOLLYWOOD</b>	<b>CA</b>	<b>91605</b>	

21. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (21a or 21b)

21a. ORGANIZATION'S NAME						
OR	<b>DANIEL G. KABAT, CPA, DEFINED BENEFIT PLAN</b>		FIRST NAME	MIDDLE NAME	SUFFIX	
21b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX	
21c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
<b>16311 VENTURA BLVD - STE #1050</b>			<b>ENCINO</b>	<b>CA</b>	<b>91436</b>	



**UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY**  
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14. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)  
**582714**

15. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

15a. ORGANIZATION'S NAME  
**RICHARD AND CAROL AUSLEN FAMILY TRUST - CAROL AUSLEN**

OR

15b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

16. MISCELLANEOUS

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17. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (17a or 17b) - do not abbreviate or combine names

17a. ORGANIZATION'S NAME

OR

17b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

17c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

17d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 17e. TYPE OF ORGANIZATION 17f. JURISDICTION OF ORGANIZATION 17g. ORGANIZATIONAL ID #, if any  NONE

18. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (18a or 18b) - do not abbreviate or combine names

18a. ORGANIZATION'S NAME

OR

18b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

18c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

18d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 18e. TYPE OF ORGANIZATION 18f. JURISDICTION OF ORGANIZATION 18g. ORGANIZATIONAL ID #, if any  NONE

19. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (19a or 19b) - do not abbreviate or combine names

19a. ORGANIZATION'S NAME

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19d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 19e. TYPE OF ORGANIZATION 19f. JURISDICTION OF ORGANIZATION 19g. ORGANIZATIONAL ID #, if any  NONE

20. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (20a or 20b)

20a. ORGANIZATION'S NAME  
**STANLEY J. LEIKEN, MD, INC. DEFINED BENEFIT PLAN**

OR

20b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

20c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**16311 VENTURA BLVD. - STE #1050 ENCINO CA 91436**

21. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (21a or 21b)

21a. ORGANIZATION'S NAME  
**JOHN G. HANKS PENSION TRUST PLAN**

OR

21b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

21c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**70 GANN WAY NOVATO CA 95949**

**UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY**  
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14. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

582714

15. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

15a. ORGANIZATION'S NAME

**RICHARD AND CAROL AUSLEN FAMILY TRUST - CAROL AUSI**

OR

15b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

16. MISCELLANEOUS

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17a. ORGANIZATION'S NAME

OR

17b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

17c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

17d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

17e. TYPE OF ORGANIZATION

17f. JURISDICTION OF ORGANIZATION

17g. ORGANIZATIONAL ID #, if any

NONE

18. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (18a or 18b) - do not abbreviate or combine names

18a. ORGANIZATION'S NAME

OR

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MIDDLE NAME

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18c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

18d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

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18g. ORGANIZATIONAL ID #, if any

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OR

19b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

19c. MAILING ADDRESS

CITY

STATE

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COUNTRY

19d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

19e. TYPE OF ORGANIZATION

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19g. ORGANIZATIONAL ID #, if any

NONE

20. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (20a or 20b)

20a. ORGANIZATION'S NAME

OR

20b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

**TATE**

**HERB**

20c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

**P. O. BOX 7998**

**INCLINE VILLAGE**

**NV**

**89448**

21. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (21a or 21b)

21a. ORGANIZATION'S NAME

OR

21b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

**TATE**

**LONNIE**

21c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

**P. O. BOX 7998**

**INCLINE VILLAGE**

**NV**

**89448**





**UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY**  
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15. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

15a. ORGANIZATION'S NAME

OR **RICHARD AND CAROL AUSLEN FAMILY TRUST - CAROL AUSI**

15b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

16. MISCELLANEOUS

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17a. ORGANIZATION'S NAME

OR 17b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

17c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

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OR 18b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

18c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

18d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 18e. TYPE OF ORGANIZATION 18f. JURISDICTION OF ORGANIZATION 18g. ORGANIZATIONAL ID #, if any  NONE

19. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (19a or 19b) - do not abbreviate or combine names

19a. ORGANIZATION'S NAME

OR 19b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

19c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

19d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 19e. TYPE OF ORGANIZATION 19f. JURISDICTION OF ORGANIZATION 19g. ORGANIZATIONAL ID #, if any  NONE

20. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (20a or 20b)

20a. ORGANIZATION'S NAME

OR **WARP FACTOR ONE PENSION PLAN**

20b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

20c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

**P. O. BOX 5097**

**STATELINE**

**NV 89449**

21. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (21a or 21b)

21a. ORGANIZATION'S NAME

OR 21b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

21c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

