

APN# 1318-15-803-008

Recording Requested by/Mail to:

Name: Z Loan & Investment, LLC

Address: P. O. Box 12459

City/State/Zip: Zephyr Cove, NV 89448

Mail Tax Statements to:

Name: Lake Tahoe Oil, LLC

Address: P. O. Box 38

City/State/Zip: Zephyr Cove, NV 89448



SHAWNYNE GARREN, RECORDER

UCC Financing Statement

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Alexandra Rittenhouse

Signature

Alexandra Rittenhouse

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| |
|---|
| A. NAME & PHONE OF CONTACT AT FILER (optional) |
| B. E-MAIL CONTACT AT FILER (optional) Amy@zlai.com |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Z Loan & Investment, LLC P.O. Box 12459 Zephyr Cove, NV 89448 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|----------------------------|-------------------------------|-----------------------------|---------|
| 1a. ORGANIZATION'S NAME Lake Tahoe Oil, LLC | OR | | | |
| 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 1c. MAILING ADDRESS P.O. Box 38 | CITY Zephyr Cove | STATE NV | POSTAL CODE 89448 | COUNTRY |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--------------------------|---------------------|-------------------------------|-------------|---------|
| 2a. ORGANIZATION'S NAME | OR | | | |
| 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 2c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|--|----------------------------|-------------------------------|-----------------------------|---------|
| 3a. ORGANIZATION'S NAME Barnett & Associates Accountancy Corporation Profit Sharing Plan | OR | | | |
| 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 3c. MAILING ADDRESS C/O Z Loan & Investment P.O. Box 12459 | CITY Zephyr Cove | STATE NV | POSTAL CODE 89448 | COUNTRY |

4. COLLATERAL: This financing statement covers the following collateral:

All of the following property that is now or hereafter at any time used in connection with (without regard to the duration of the period of such use), or now or at any time relates to or arises as a result of, the operation of the business known as Lake Tahoe Oil, located at 187 U.S. Highway 50, Zephyr Cove, NV 89448, otherwise referred to as Furniture, Fixtures, Equipment, Inventory, Accounts and General Intangibles in related loan security documents:

(i) all of the Debtor's inventory, including all goods, merchandise, raw materials, supplies and other tangible personal property, now owned or hereafter acquired, and all documents now and at any times covering or representing any of said property;

(ii) all of Debtor's accounts, accounts receivable, contract receivables, contract rights, notes, drafts, acceptances, instruments, chattel paper and general intangibles, and all guaran-tees and suretyship agreements relating thereto and all security for payment thereof, now and hereafter existing or arising; and

(iii) all of Debtor's equipment, including all furniture, furnishings, machinery, fixtures, storage shelves and other goods used in the conduct of Debtor's business, now owned or here-after acquired.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box: Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:
Lake Tahoe Oil, LLC - Loan No. 2014191

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME

Lake Tahoe Oil, LLC

OR
9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR
10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

Draper Family Limited Partnership

OR
11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

C/O Z Loan & Investment P.O. Box 12459

CITY

Zephyr Cove

STATE

NV

POSTAL CODE

89448

COUNTRY

USA

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

187 U.S. Highway 50, Zephyr Cove, NV 89448

APN: 1318-15-803-008

See Exhibit "A" Legal Description attached

17. MISCELLANEOUS:

Lake Tahoe Oil, LLC - Loan No. 2014191

International Association of Commercial Administrators (IACA)

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

| | |
|--|--------|
| 18a. ORGANIZATION'S NAME Lake Tahoe Oil, LLC | |
| OR | |
| 18b. INDIVIDUAL'S SURNAME | |
| FIRST PERSONAL NAME | |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 19a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 20a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 21a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | |
|---|----------------------------|-------------------------------|-----------------------------|-----------------------|
| 22a. ORGANIZATION'S NAME 2016 William E. Dutra Trust | | | | |
| OR | | | | |
| 22b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 22c. MAILING ADDRESS C/O Z Loan & Investment P.O. Box 12459 | CITY Zephyr Cove | STATE NV | POSTAL CODE 89448 | COUNTRY USA |

23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---|----------------------------|-------------------------------|-----------------------------|-----------------------|
| 23a. ORGANIZATION'S NAME Kelly P. Houston & Roger L. Haran Family Trust | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS C/O Z Loan & Investment P.O. Box 12459 | CITY Zephyr Cove | STATE NV | POSTAL CODE 89448 | COUNTRY USA |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

| | |
|--|--------|
| 18a. ORGANIZATION'S NAME Lake Tahoe Oil, LLC | |
| OR | |
| 18b. INDIVIDUAL'S SURNAME | |
| FIRST PERSONAL NAME | |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 19a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 20a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 21a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | |
|---|----------------------------|-------------------------------|-----------------------------|-----------------------|
| 22a. ORGANIZATION'S NAME Scott A. Jordan Revocable Living Trust dated May 8, 2018 | | | | |
| OR | | | | |
| 22b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 22c. MAILING ADDRESS C/O Z Loan & Investment P.O. Box 12459 | CITY Zephyr Cove | STATE NV | POSTAL CODE 89448 | COUNTRY USA |

23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---|----------------------------|-------------------------------|-----------------------------|-----------------------|
| 23a. ORGANIZATION'S NAME Brian W. Neff Retirement Plan | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS C/O Z Loan & Investment P.O. Box 12459 | CITY Zephyr Cove | STATE NV | POSTAL CODE 89448 | COUNTRY USA |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

| | |
|--|--------|
| 18a. ORGANIZATION'S NAME Lake Tahoe Oil, LLC | |
| OR | |
| 18b. INDIVIDUAL'S SURNAME | |
| FIRST PERSONAL NAME | |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 19a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 20a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 21a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | |
|---|----------------------------|-------------------------------|-----------------------------|-----------------------|
| 22a. ORGANIZATION'S NAME Owens Financial Group, Inc. 401K Profit Sharing Plan, FBO William C. Owens | | | | |
| OR | | | | |
| 22b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 22c. MAILING ADDRESS C/O Z Loan & Investment P.O. Box 12459 | CITY Zephyr Cove | STATE NV | POSTAL CODE 89448 | COUNTRY USA |

23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---|----------------------------|-------------------------------|-----------------------------|-----------------------|
| 23a. ORGANIZATION'S NAME Owens Financial Group, Inc. 401K Profit Sharing Plan, FBO Bryan H Draper | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS C/O Z Loan & Investment P.O. Box 12459 | CITY Zephyr Cove | STATE NV | POSTAL CODE 89448 | COUNTRY USA |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

| | |
|--|--------|
| 18a. ORGANIZATION'S NAME Lake Tahoe Oil, LLC | |
| OR | |
| 18b. INDIVIDUAL'S SURNAME | |
| FIRST PERSONAL NAME | |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | |
|---------------------------|---------------------|-------------------------------|---------------------|
| 19a. ORGANIZATION'S NAME | | | |
| OR | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 19c. MAILING ADDRESS | CITY | STATE | POSTAL CODE COUNTRY |

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | |
|---------------------------|---------------------|-------------------------------|---------------------|
| 20a. ORGANIZATION'S NAME | | | |
| OR | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 20c. MAILING ADDRESS | CITY | STATE | POSTAL CODE COUNTRY |

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | |
|---------------------------|---------------------|-------------------------------|---------------------|
| 21a. ORGANIZATION'S NAME | | | |
| OR | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 21c. MAILING ADDRESS | CITY | STATE | POSTAL CODE COUNTRY |

22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | |
|---|----------------------------|-------------------------------|---|
| 22a. ORGANIZATION'S NAME Owens Financial Group, Inc. 401K Profit Sharing Plan, FBO Andrew J. Navone | | | |
| OR | | | |
| 22b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 22c. MAILING ADDRESS C/O Z Loan & Investment P.O. Box 12459 | CITY Zephyr Cove | STATE NV | POSTAL CODE COUNTRY 89448 USA |

23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | |
|---|----------------------------|-------------------------------|---|
| 23a. ORGANIZATION'S NAME Owens Trust dated 02/24/1993 | | | |
| OR | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 23c. MAILING ADDRESS C/O Z Loan & Investment P.O. Box 12459 | CITY Zephyr Cove | STATE NV | POSTAL CODE COUNTRY 89448 USA |

24. MISCELLANEOUS:

EXHIBIT "A"

LEGAL DESCRIPTION

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Being a portion of the Southeast quarter of Section 15, Township 13 North, Range 18 East, M.D.B. & M., more particularly described as follows:

Commencing at the center line intersection of U.S. Highway 50 and Elks Point Road; thence North $42^{\circ}24'00''$ East along the center line of Elks Point Road 40.00 feet to a point on the Northeasterly right of way line of U.S. Highway 50; thence South $47^{\circ}36'00''$ East along said right of way line 55.00 feet to the true point of beginning; thence continuing South $47^{\circ}36'00''$ East along said right of way line 135.00 feet to a point from which the record tie to the Southwest corner of the Southeast quarter of Section 15 is as follows:

South $47^{\circ}36'00''$ East 421.59 feet along the Northeasterly right of way line of U.S. Highway 50 to the point of intersection of said right of way line and the South line of Section 15, Township 13 North, Range 18 East, M.D.B. & M., thence West along said section line 1133.79 feet to the South quarter corner of said Section 15.

Thence leaving said point on said Northeasterly right of way line, North $42^{\circ}24'00''$ East 140.00 feet; thence North $47^{\circ}36'00''$ West 160.00 feet to a point on the Southeasterly right of way line of Elks Point Road; thence South $42^{\circ}24'00''$ West along said right of way line 115.00 feet to the beginning of a curve to the left; thence Southerly along the arc of said curve having a radius of 25.00 feet through a central angle of $90^{\circ}00'00''$ an arc distance of 39.27 feet to the true point of beginning.

NOTE: The above metes and bounds description appeared previously in that certain document recorded in the office of the County Recorder of Douglas County, Nevada on October 8, 2001, in Book 1001, Page 2086, as Document No. 524560 of Official Records.

Assessor's Parcel Number(s): 1318-15-803-008