

This STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code

126343

1. FILE NO. OF ORIGINAL FINANCING STATEMENT 92970 Bk. 121 3734	1A. DATE OF FILING OF ORIGINAL FINANCING STATEMENT March 19, 1984	1B. DATE OF ORIGINAL FINANCING STATEMENT	1C. PLACE OF FILING ORIGINAL FINANCING STATEMENT Eureka County Recorder
2. DEBTOR AS APPEARS ON ORIGINAL FINANCING STATEMENT (NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) J-J Hoyle, Inc.		2A. SOCIAL SECURITY OR FEDERAL TAX ID NO. 88-0185178	
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) P. O. Box 128		2C. CITY STATE Eureka, NV	2D. ZIP CODE 89316
3. ADDITIONAL DEBTOR IF ANY (NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) James L. Hoyle		3A. SOCIAL SECURITY OR FEDERAL TAX ID NO.	
3B. MAILING ADDRESS P. O. Box 128		3C. CITY STATE Eureka, NV	3D. ZIP CODE 89316
4. ADDITIONAL DEBTOR IF ANY (NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Jane Hoyle		4A. SOCIAL SECURITY OR FEDERAL TAX ID NO. -1055	
4B. MAILING ADDRESS P. O. Box 128		4C. CITY STATE Eureka, NV	4D. ZIP CODE 89316
5. SECURED PARTY NAME Lindsay Credit Corporation MAILING ADDRESS Box 1159 CITY Columbus, STATE NE ZIP CODE 60601		5A. SOCIAL SECURITY NO. FED. TAX ID NO. OR BANK TRANSIT AND ABA NO. 36-3088958	
6. ASSIGNEE OF SECURED PARTY IF ANY NAME MAILING ADDRESS CITY STATE ZIP CODE		6A. SOCIAL SECURITY NO. FED. TAX ID NO. OR BANK TRANSIT AND ABA NO.	
7. <input checked="" type="checkbox"/> CONTINUATION—The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, fixtures, oil, gas or minerals check here <input type="checkbox"/> and insert description of real property on which growing or to be grown or to which affixed or to be affixed or from which to be extracted in Item 8 below. If crops or fixtures, also insert name of record owner of real estate. Effective only if submitted within 6 months prior to expiration date.			
<input type="checkbox"/> RELEASE—From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in Item 8 below. Release does not terminate debt.			
<input type="checkbox"/> ASSIGNMENT—The Secured Party certifies that the Secured Party has assigned to the Assignee, above named, all or part of the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 8 below.			
<input type="checkbox"/> TERMINATION—The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.			
<input type="checkbox"/> AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 8 below. (Signature of Debtor(s) and Secured Party(ies) required on all amendments)			

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) _____ 19__	10. This Space for Use of Filing Officer (Date, Time, Filing Office)
By: _____ SIGNATURE OF DEBTOR(S)	RECORDED AT THE REQUEST OF BOOK 94 PAGE 052 Crossland Credit Corp. FEB -6 1986
By: _____ SIGNATURE OF SECURED PARTY(S) Lindsay Credit Corporation	

11. Return Copy to

NAME	Crossland Credit Corporation
ADDRESS	2211 York Road, Suite 200
CITY, STATE AND ZIP	Oak Brook, IL 60521

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
PIN REISSUED BY RECORDER
FILE NO. 126343
FEE \$ 5.00

BOOK 94 PAGE 052