

UNIFORM COMMERCIAL CODE — FINANCING STATEMENT CHANGE — FORM N-UCC-2

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

IMPORTANT:

Read instructions on back before filling out form.

Replaces No.

1. File No. of Orig. Financing Statement 142106	1A. Date of Filing of Orig. Financing Statement 9-1-92	1B. Date of Orig. Financing Statement 8-28-92	1C. Jurisdiction of Filing Orig. Financing Statement EUREKA COUNTY
2. DEBTOR (As Appointed on Original Financing Statement) (LEGAL BUSINESS NAME) FIORINZI, LUTHER		2A. CITY, STATE EUREKA, NV	
2B. MAILING ADDRESS (As Appointed on Original Financing Statement) PO BOX 173		2C. ZIP CODE 89316	
3. ADDITIONAL DEBTOR (If Any) (LEGAL BUSINESS NAME) (INDIVIDUAL, LAST NAME FIRST)		3A. CITY, STATE	
3B. MAILING ADDRESS		3C. ZIP CODE	
4. ADDITIONAL DEBTOR (If Any) (LEGAL BUSINESS NAME) (INDIVIDUAL, LAST NAME FIRST)		4A. CITY, STATE	
4B. MAILING ADDRESS		4C. ZIP CODE	
5. SECURED PARTY NAME EUREKA OFFICE MAILING ADDRESS FIRST INTERSTATE BANK OF NEVADA CITY EUREKA STATE NEVADA ZIP CODE 89316		5A. FILING OFFICE (SEE FEDERAL TAX ID) OR FILING OFFICE AND A B A NO 1212/00019	
6. ASSIGNEE OF SECURED PARTY (If Any) NAME MAILING ADDRESS CITY STATE ZIP CODE		6A. FILING OFFICE (SEE FEDERAL TAX ID) OR FILING OFFICE AND A B A NO	
7. ☐ 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, or oil, gas or minerals check here: 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. If fixture, insert name of secured party if secured within 6 months prior to expiration date.			
☐ 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.			
☐ 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.			
☒ 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.			
☐ AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in item 8 below. (Enter name of Debtor(s) and Secured Party(ies) revised in this amendment.)			

(Date) **JULY 28, 1994**

SIGNATURE(S) OF DEBTOR(S) (TITLE)
Sharon E. Paulsen
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)
BANKING OFFICER
FIRST INTERSTATE BANK, SHARON E. PAULSEN

19. Return Copy to:
NAME
ADDRESS
CITY, STATE
AND ZIP
LUTHER FIORINZI
PO BOX 173
EUREKA, NV 89316
745 2297570 9012
7-12-94 MB

Trust Account Number (If Applicable)

UNIFORM COMMERCIAL CODE FORM N-UCC-2 Rev. 12-90

Approved by the Nevada Secretary of State

20. Two Space for Use of Filing Officer (If Applicable, Time, Fee Number and Filing Officer)

FILED THIS 4TH DAY OF
AUG. 1994 AT 50 MINS.
PAST 2 P.M. RECORDS OF
EUREKA COUNTY, NEVADA
M. M. Reblat
EUREKA COUNTY RECORDER

151578

YELLOW: Filing Office, FIVE: Notarizing Agent, BLUE: Secured Party, BLACK: Debtor

(Filing Fees: See Instructions)

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