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This FINANCING STATEMENT is presented for filing	pursuant to the Nevada Unifo	
1. DEBTOR (LAST NAME FIRST)		1A. SOCIAL SECURITY OR FEDERAL TAX NO.
George, Ms Angie	1C. CITY, STATE	5173
Box 311	Gardnerville No	89).10
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN IB)	1F. CITY, STATE	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS	2c. city, state	2D. ZIP CODE
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2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)	2F. CITY, STATE	2G. ZIP CODE
3. DEBTOR (S) TRADE NAME OR STYLE (IF ANY)		3A. FEDERAL TAX NO.
4. ADDRESS OF DEBTOR (S) CHIEF PLACE OF BUSINESS (IF ANY)	4A. CITY, STATE	4B. ZIP CODE
		LEA cooks graves up
5. SECURED PARTY NAME BENEFICIAL FINANCE CO, OF Carson City		5A. SOCIAL SECURITY NO., FEDERAL TAX
MAILING ADDRESS BOX 996		
city Carson City state Nevada	ZIP CODE 89 <u>70</u>	<u>1</u> 51-00
6. ASSIGNEE OF SECURED PARTY (IF ANY)		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
NAME	\ / /	NO. ON BARK TRANSIT AND A.B.A. NO.
MAILING ADDRESS		
CITY	ZIP CODE	
erty from which to be extracted. X All of the household furniture and furnishings, electric and record players, refrigerators, etc., and other persone at the address given above.	cal and gas appliances, incl	
erty from which to be extracted. X All of the household furniture and furnishings, electric and record players, refrigerators, etc., and other persone at the address given above. Motor Vehicle	cal and gas appliances, included and local and property owned and local make 7B. Maximum Amount of One Time — \$10,000	uding television sets, phonographs
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