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This FINANCING STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code. 1 A. SOCIAL SECURITY OR FEDERAL TAX NO. 6688 VANDERLINDEN. MICHEAL. 1D. ZIP CODE 1C. CITY, STATE 1B. MAILING ADDRESS MINDEN. NEV P.O. BOY 113 1F. CITY, STATE 1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) 2c. CITY, STATE 2B. MAILING ADDRESS 2F. CITY, STATE 2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) 3. DEBTOR (S) TRADE NAME OR STYLE (IF ANY) 4. ADDRESS OF DEBTOR (S) CHIEF PLACE OF BUSINESS (IF ANY) 4A. CITY, STATE 5. SECURED PARTY BENEFICIAL FINANCE CO, OF. P.O. BOX 996 CARSON CITY STATE Nevada ZIP COD 6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS STATE This FINANCING STATEMENT covers the following types or items of property (if crops of on which growing or to be grown and name of record owner of such real estate, if fix which affixed or to be affixed and name of record owner of such real estate; if oil, gas erty from which to be extracted. [All of the household furniture and furnishings, electrical and gas applianc and record players, refrigerators, etc., and other personal property owned a at the address given above. Motor Vehicle -YEAR Maximum Amo RECORD OWNER OF REAL PROPERTY One Time --- \$ as authorized by Proceeds of above describ 8. Check 🗙 **Products of** Proceeds of original collateral in which collateral are collateral are a security interest was per also covered also covered **Applicable** 9. **DEBTORS** DENA VANDERLINDEN SECURED PARTY BENEFICIAL FINANCE CO. OF . By: MANAGER 11. **Return Copy to** NEVADA BENEFICIAL FINANCE CO. OF P.O. BOX 996 NAME **ADDRESS** CITY, STATE AND ZIP CARSON CITY, NEVADA 89701

UNIFORM COMMERCIAL CODE-FORM UCC-1 (REV. 7-75)