UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—FORM UCC-1 IMPORTANT—Read instructions on back before filling out form

This FINANCING STATEMENT is presented for filing . DEBTOR (LAST NAME FIRST)		1A. SOCIAL SECU	RITY OR FEDERAL TAX NO
HØLST, LESLIE H.			
B. MAILING ADDRESS	1C. CITY, STATE	NIV 00407	1D. ZIP COD
1308 SARAGOGA E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 18)	MINUEN	,NV,89423	1G. ZIP CODI
SAME			
. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL SECU	RITY OR FEDERAL TAX NO
B. MAILING ADDRESS	2C. CITY, STATE		2D. ZIP COD
E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 28)	2F. CITY, STATE		2G. ZIP COD
. DEBTOR (S) TRADE NAME OR STYLE (IF ANY)		3A, FEDERAL T	AX NO.
	4A. CITY, STATE		4B, ZIP COD
. ADDRESS OF DEBTOR (S) CHIEF PLACE OF BUSINESS (IF ANY)	TAX. CITY, STATE		
S. SECURED PARTY			JRITY NO., FEDERAL TAX K TRANSIT AND A.B.A. NO
NAME DIAL FINANCE CØ ØF NEVADA 122	/		
MAILING ADDRESPØ BØX 2549		01	· · · · · · · · · · · · · · · · · · ·
CITY CARSON CITY STATENV 6. ASSIGNEE OF SECURED PARTY (IF ANY)	zip code897	6A. SOCIAL SEC	JRITY NO., FEDERAL TAX
NAME		NO. OR BAN	K TRANSIT AND A. B.A. NO
MAILING ADDRESS		/	
CITY	ZIP CODE		
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