Rt. 1, Box 405  E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 19)  I. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)  B. MAILING ADDRESS  26  E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 29)  21  3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY)	al property to which attixed of to be extracted.	3A. FEDERAL TAX NO  SA. SOCIAL SECURITY NO. NO. OR BANK TRANSIT  94-41/121  6A. SOCIAL SECURITY NO. NO. OR BANK TRANSIT  of real property on which go or to be affixed and name of	3  1D. ZIP CODE  89410  1G. ZIP CODE  2D. ZIP CODE  2G. ZIP CODE  4B. ZIP CODE  4B. ZIP CODE  4B. ZIP CODE  7 EDERAL TAX AND A.B.A. NO.  2
B. MAILING ADDRESS  Rt. 1, Box 405  E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 13)  IF  ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)  B. MAILING ADDRESS  E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 23)  DEBTOR(S) TRADE NAME OR STYLE (IF ANY)  ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)  ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)  AMME  FIRST National Bank of Nevada  MAILING ADDRESS  CITY  Minden  ASSIGNEE OF SECURED PARTY (IF ANY)  NAME  MAILING ADDRESS  CITY  STATE  This FINANCING STATEMENT covers the following types or items of property (if crops or grown and name of record owner of such real estate, if fixtures, include description of reof such real estate; if oil, gas or minerals, include description of real property from which  All livestock, poultry, feed including hay and suppose the suppose of the suppose o	Gardnerville, No.  C. CITY, STATE  C. CITY, STATE  F. CITY, STATE  A. CITY, STATE  ZIP CODE  Timber, include description on all property to which affixed on to be extracted.	2A. SOCIAL SECURITY OF F  3A. FEDERAL TAX NO  5A. SOCIAL SECURITY NO. NO. OR BANK TRANSIT  94-41/121  6A. SOCIAL SECURITY NO. NO. OR BANK TRANSIT  of real property on which go or to be affixed and name of	1D. ZIP CODE  89410  1G. ZIP CODE  2D. ZIP CODE  2G. ZIP CODE  4B. ZIP CODE  4B. ZIP CODE  4B. ZIP CODE  7 CODE  4B. ZIP CODE  7 CODE
Rt. 1, Box 405  Residence address (if an individual and different than 19)  Additional debtor (if any) (last name first)  B. Mailing address  E. Residence address (if an individual and different than 29)  Debtor(s) trade name or style (if any)  Address of debtor(s) chief place of business (if any)  Address of debtor(s) chief place of business (if any)  Secured party  Name  First National Bank of Nevada  Mailing address  City  Minden  Assignee of secured party (if any)  Name  Mailing address  City  State  This FINANCING STATEMENT covers the following types or items of property (if crops or grown and name of record owner of such real estate, if fixtures, include description of real such real estate; if oil, gas or minerals, include description of real property from which  All livestock, poultry, feed including hay and suppose the state of the such real estate in the such real estate	Gardnerville, No.  C. CITY, STATE  C. CITY, STATE  F. CITY, STATE  A. CITY, STATE  ZIP CODE  Timber, include description on all property to which affixed on to be extracted.	3A. FEDERAL TAX NO  SA. SOCIAL SECURITY NO. NO. OR BANK TRANSIT  94-41/121  6A. SOCIAL SECURITY NO. NO. OR BANK TRANSIT  of real property on which go or to be affixed and name of	89410 1G. ZIP CODE  ZD. ZIP CODE  2G. ZIP CODE  4B. ZIP CODE  4B. ZIP CODE  4B. ZIP CODE  rederal tax AND A.B.A. NO.  2
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WILTON, H. NEDDENRIEP		<b>3</b>	1643
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1. Return Copy to		1981 JAN 30 AM 10	57 <b>65</b>
AME First National Bank of Nevada  DDRESS P. O. Box 68		MARIF A RAS	<b>Q</b> •
ITY, STATE Minden, Nv. 89423		RECORDER CALOL ELT	BEL R