

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

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

1. DEBTOR (LAST NAME FIRST) POST, DANIEL		1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
1B. MAILING ADDRESS PO BOX 3823 STATELINE, NV		1C. CITY, STATE STATELINE, NV 89449	1D. ZIP CODE
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 3681 TAMARACK		1F. CITY, STATE SOBAKE TAHOE, CA	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) NONE		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
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
5. SECURED PARTY NAME DIAL FINANCE CO OF NEVADA MAILING ADDRESS PO BOX 2549 CITY CARSON CITY STATE NV ZIP CODE 89702		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	

7. This **FINANCING STATEMENT** covers the following types or items of property (if crops or timber, include description of real property on which growing or to be grown, if fixtures, include description of real property to which affixed or to be affixed; if oil, gas or minerals, include description of real property from which to be extracted).

THE PARAGRAPHS CHECKED BELOW DESCRIBE THE PROPERTY COVERED BY THIS **FINANCING STATEMENT**:

- (a) All of debtors' household goods and furniture of every kind, nature and description now located in or about debtors' premises at their address set forth above.
- (b) The following property located in or about debtors' premises at their address set forth above:

7A. Maximum amount of indebtedness to be secured at any one time (OPTIONAL.)

\$ _____

B. Check <input checked="" type="checkbox"/> if Applicable	A. <input type="checkbox"/> Proceeds of collateral are also covered	B. <input type="checkbox"/> Products of collateral are also covered	C. <input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected	D. <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction
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9. (Date) 3/19/82 19

DANIEL POST

By: *Daniel Post* (TITLE)

By: D. ELIAS, CSR *Denise Elias* (TITLE)

11. Return Copy to
 NAME ADDRESS CITY, STATE AND ZIP
 DIAL FINANCE CO OF NEVADA
 PO BOX 2549
 CARSON CITY, NV 89702

10. This Space for Use of Filing Officer
 (Date, Time, File Number and Filing Officer)

05152

REQUESTED BY
Dial Finance
 IN OFFICIAL RECORDS OF
 DOUGLAS CO. NEVADA
 \$4.00 pd.
 1982 MAR 25 AM 11:00
 SUZANNE BEAUDREAU
 RECORDER
Carol J. Hart
 Rep.

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