UNIFORM COMMERCIAL CODE-FINANCING STATEMENT-FORM UCC-1 (REV. 1/76) (0) 0 IMPORTANT—Read instructions on back before filling out form This FINANCING STATEMENT is presented for filing pursuant to the California Uniform Commercial Code. (LAST NAME FIRST-IF AN INDIVIDUAL) 1A. SOCIAL SECURITY OR FEDERAL TAX NO. DUTY RONA RONALD M 533-22-8539 1C. CITY. STATE ZIP CODE PO BOX 4501 STATELINE NV 89449 2. ADDITIONAL DEBTOR (LAST NAME FIRST-IF AN INDIVIDUAL) 2A. SOCIAL SECURITY OR FEDERAL TAX NO. DUTY, LORETTA NMI 1060 28. MAILING ADDRESS 2C. CITY, STATE 2D. ZIP CODE PO BOX 4501 STATELINE NV 89<u>449</u> 3. DEBTOR'S TRADE NAMES OR STYLES 3A. FEDERAL TAX NUMBER 4. SECURED PARTY SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. NAME HOUSEHOLD FINANCE CORP MAILING ADDRESS PO BOX 4370 CITY ZIP CODE Q5726 SO LK TAHOR STATE ASSIGNEE OF SECURED PARTY (IF ANY) SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 5A. NAME MAILING ADDRESS ZIP CODE This FINANCING STATEMENT covers the following types or items of property (include description of real property on which located and owner of record when required by instruction 4). ALL HOUSEHOLD AND CONSUMER GOODS \boxtimes DEBTOR(8) SIGNATURE NOT REQUIRED IN ACCORDANCE WITH INSTRUCTION 5(6) ITEM: CHECK PRODUCTS OF COLLATERAL ARE ALSO COVERED IF APPLICABLE (2) (3) CHECK Z DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH UCC \$ 9105 (1) (n) THIS SPACE FOR USE OF FILING OFFICER (DATE, TIME, FILE NUMBER AND FILING OFFICER) DATE 0 D ME (B) OF DEB 8/13/82 E 05329RONALD DUTY LORETTA SUTY 2 3 70690 LIBER 982PAGE 097 5 ROB HURST MANAGER TYPE OF PRINT NAME (S) OF SECURED PARTY (IKS) 6 #REQUESTED BY 11. Return copy to: House has timered oup. 7 NAME DOUGLAS CO. NEVADA 8 \$ 5.00 pd ADDRESS PO BOX 4370 1982 SEP -3 AH 8: 36 9 CITY SO LK TAHOE CA 95729 STATE O SUZANNE BEAUDREAU RECORDER ZIP CODE L Delpast Lep FORM UCC-1—FILING FEE \$3.00
Approved by the Secretary of State (1) FILING OFFICER COPY

STATE OF CALIFORNIA