

UNIFORM COMMERCIAL CODE-FINANCING STATEMENT-FORM UCC-1

FINANCIAL FORMS DEPARTMENT

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

1. DEBTOR (LAST NAME FIRST) HICKEY, Daniel R.		1A. SOCIAL SECURITY OR FEDERAL TAX NO 530-26-6923
1B. MAILING ADDRESS Post Office Box 577		1C. CITY, STATE Minden, Nevada
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1D. ZIP CODE 89423
		1F. CITY, STATE
		1G. ZIP CODE

2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) HICKEY, Laurel C.		2A. SOCIAL SECURITY OR FEDERAL TAX NO 9219
2B. MAILING ADDRESS Post Office Box 577		2C. CITY, STATE Minden, Nevada
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2D. ZIP CODE 89423
		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		5A. SOCIAL SECURITY NO FEDERAL TAX NO OR BANK TRANSIT AND A B A NO
NAME Nevada National Bank		
MAILING ADDRESS Post Office Box 666		
CITY Carson City	STATE Nevada	ZIP CODE 89702
		94-15

6. ASSIGNEE OF SECURED PARTY (IF ANY)		6A. SOCIAL SECURITY NO FEDERAL TAX NO OR BANK TRANSIT AND A B A NO
NAME		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

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 and name of record owner of such real estate, if fixtures, include description of real property to which affixed or to be affixed and name of record owner of such real estate, if oil, gas or minerals, include description of real property from which to be extracted.

All equipment of the debtor, including a Case 580CK Loader/Backhoe, Serial #866149. All after acquired property of the same description.

7A. SIGNATURE OF RECORD OWNER	7C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)
7B. (TYPE) RECORD OWNER OF REAL PROPERTY	

B. Check <input checked="" type="checkbox"/> if Applicable	A. <input checked="" type="checkbox"/> Proceeds of collateral are also covered	B. <input checked="" 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. Check if Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

10. (Date) March 17 19 83

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

05461

By: Daniel Hickey (Signature) Daniel Hickey (Name)
 By: Laurel C. Hickey (Signature) Laurel Hickey (Name)
 By: M.A. Grim (Signature) Vice President and Manager (Title)
 M.A. Grim (Name)

REQUESTED BY
Nevada National Bank
 IN OFFICIAL RECORDS OF
 DOUGLAS CO. NEVADA
 \$400.00
 1983 APR -7 PM 12:08

SUZANNE BEAUDREAU 078550
 RECORDER

Betty Haddon
 BOOK 483 PAGE 338

11. Return Copy to

NAME	Nevada National Bank
ADDRESS	Post Office Box 666
CITY, STATE AND ZIP	Carson City, Nevada 89702

THIS SPACE FOR USE OF FILING OFFICER