

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) MC BRIDE, LIONEL		1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
1B. MAILING ADDRESS PO BOX 962		1C. CITY, STATE GARDNERVILLE, NV 89410	1D. ZIP CODE
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 1302 JO LN		1F. CITY, STATE GARDNERVILLE, NV	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) MC BRIDE, ROSA		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS SAME		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) SAME		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)

\$ _____

8. Check if Applicable

A Proceeds of collateral are also covered

B Products of collateral are also covered

C Proceeds of above described original collateral in which a security interest was perfected

D Collateral was brought into this State subject to security interest in another jurisdiction

9. (Date) 4/20/83 1983

LIONEL & ROSA MC BRIDE

By: Lionel M McBride Rosa R. McBride
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: Denise Elias, CSR
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

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

05485

079249

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REQUESTED BY
Denise Elias
 IN OFFICIAL RECORDS OF
 DOUGLAS CO. NEVADA
 \$ 400 pd
 1983 APR 29 AM 11:35
 SUZANNE BEAUDREAU
 RECORDER

Denise Elias
Deputy

11. **Return Copy to**

NAME [DIAL FINANCE CO OF NEVADA]
 ADDRESS [PO BOX 2549]
 CITY, STATE AND ZIP [CARSON CITY, NV 89702]