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

| This FINANCING STATEMENT is pros DEBTOR (LABT NAME FIRST) | comed for ming purs | cen io me iderado | | A. SOCIAL SECURITY | |
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| MC BRIDE, LIØNEL | | | | ^ | |
| MAILING ADDRESS | | TG. CITY, STATE | ************************************** | 71 | ID. zir con |
| PØ BØX 962 REBIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT | | GA | RDNERVIL | E.NV 89410 | |
| 1302 JO LN | THAN (#) | IF. CITY, STATE | DDMCDVII | E MV | 1G. ZIP COC |
| ADDITIONAL DESTOR (IF ANY) (LAST NAME FIRST) | | U GA | RDNERVIL | A. SOCIAL SECURITY | |
| MC BRIDE, RØSA | | | • | .A. SOCIAL SILORITI | OR PEDERAL IAA A |
| MAILING ADDRESS | | 2C. CITY, STATE | | | 2D. ZIP COL |
| SAME | | | | \ \ | |
| RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT | THAN 28) | 2F. CITY, STATE | | | 2G. zip coi |
| SAME | | | | | |
| DEBTOR(S) TRADE NAME OR STYLE (IF ANY) | | | 3 | A. FEDERAL TAX N | o. |
| DDRESS OF DESTOR(S) CHIEF PLACE OF BUSINESS | | | | | |
| CODRESS OF DEBION(S) CHIEF PLACE OF BUSINESS | (IF ANY) | 4A. CITY, STATE | \ | 1 | 4B. zip cot |
| SECURED PARTY | | | \ | A. SOCIAL SECURITY | HO FEDERAL VAN |
| MAME DIAL FINANCE CO OF NEVADA | / / | | \ | NO. OR BANK TRA | ANSIT AND A.B.A. N |
| MAILING ADDRESS PO BOX 2549 | | 1 | | | |
| CITY CARSON CITY | ATE NV | ZIP CODE | 89702 | | _ |
| SSIGNEE OF SECURED PARTY (IF ANY) | | `\ / | | A. SOCIAL SECURITY | NO., FEDERAL TAX |
| NAME | 1 | | / | HO. OR BANK TRA | LHSIT AND A. B.A. N |
| MAILING ADDRESS | 1 | | | | |
| CITY | ATE | ZIP CODE | l | | |
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