

UNIFORM COMMERCIAL CODE-FINANCING STATEMENT-FORM UCC-1

1995

IMPORTANT-Read instructions on back before filling out form

STATE OF NEVADA

11356-6

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

1. DEBTOR (LAST NAME FIRST) WOLFE: ALFRED M		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-4198	
1B. MAILING ADDRESS 1424 Johnson Lane		1C. CITY, STATE Minden NV	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) Same		1D. ZIP CODE 89423	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) WOLFE: Nancy A.		1F. CITY, STATE Minden NV	
2B. MAILING ADDRESS SAME		1G. ZIP CODE 89423	
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) SAME		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-8527	
3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY)		2C. CITY, STATE	
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)		2D. ZIP CODE	
4A. CITY, STATE		2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) SAME	
4B. ZIP CODE		2F. CITY, STATE	
5. SECURED PARTY NAME Household Finance Corp MAILING ADDRESS P.O. BOX 1952 CITY Carson City STATE NV ZIP CODE 89701		3A. FEDERAL TAX NO.	
5A. SOCIAL SECURITY NO. FEDERAL TAX NO OR BANK TRANSIT AND A B A. NO		3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY)	
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)	
6A. SOCIAL SECURITY NO. FEDERAL TAX NO OR BANK TRANSIT AND A B A. NO		4A. CITY, STATE	
6B. SOCIAL SECURITY NO. FEDERAL TAX NO OR BANK TRANSIT AND A B A. NO		4B. 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 HOUSEHOLD AND CONSUMER GOODS.			
7A. _____ RECORD OWNER OF REAL PROPERTY		7B. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)	
8. 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

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) May 11th, 1983

By: Alfred M. Wolfe  
Alfred Wolfe

By: Nancy Wolfe  
Nancy Wolfe

By: C. M. [Signature]  
Branch Manager

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

05197

REQUESTED BY  
Household Finance  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA  
\$4.00 pd  
1983 MAY 16 PM 2:11

SUZANNE BEAUDREAU  
RECORDER

[Signature]  
Deputy

080536  
583 PAGE 2585  
BOOK

FILING FEES  
SEE INSTRUCTIONS

11. Return Copy to

NAME HFC  
ADDRESS PO BOX 1952  
CITY, STATE Carson City NV 89701  
AND ZIP