

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) Sammartano, David C.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-5235	
1B. MAILING ADDRESS 1298 Manhattan Way		1C. CITY, STATE Gardnerville, Nevada	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) same		1F. CITY, STATE Gardnerville, Nevada	
1D. ZIP CODE 89410		1G. ZIP CODE 89410	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Sammartano, Rhonda		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS same as above		2C. CITY, STATE	
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) same as above.		2F. CITY, STATE	
2D. ZIP CODE		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 Norwest Financial Nevada, Inc. MAILING ADDRESS P. O. Box 2549 CITY Carson City STATE Nevada 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: <input checked="" type="checkbox"/> (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. <input type="checkbox"/> (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 <input checked="" type="checkbox"/> if Applicable <input type="checkbox"/> Proceeds of collateral are also covered <input type="checkbox"/> Products of collateral are also covered <input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction			

9. (Date) July 13 19 83

By: David C. Sammartano Rhonda Sammartano
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: Phyllis Langlois, CSR *Phyllis Langlois*
SIGNATURE(S) OF SECURED PARTY (ES) (TITLE)

10. This Space for Use of Filing Officer
 (Date, Time, File Number and Filing Officer)
 05535

11. Return Copy to

NAME Norwest Financial
 ADDRESS P. O. Box 2549
 CITY, STATE Carson City, Nevada 89702
 AND ZIP

REQUESTED BY
 Norwest Financial
 \$ 5,000.00
 1983 JUL 25 AM 11:20
 SUZANNE STAUDREAU
 RECORDER
Betty Hendon
 Rep

BOOK 084594
 783 PAGE 2061

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