

**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) <b>Jacobsen, Bruce M.</b>		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-9128	
1B. MAILING ADDRESS <b>P. O. Box 1607</b>		1C. CITY, STATE <b>Minden, Nevada</b>	1D. ZIP CODE <b>89423</b>
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) <b>1615 Esmerelda</b>		1F. CITY, STATE <b>Minden, Nevada</b>	1G. ZIP CODE <b>89423</b>
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) <b>Jacobsen, Debbie</b>		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS <b>same as above</b>		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) <b>same as above</b>		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 <b>Norwest Financial Nevada, Inc.</b> MAILING ADDRESS <b>P. O. Box 2549</b> CITY <b>Carson City</b> STATE <b>Nevada</b> ZIP CODE <b>89702</b>		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"/> A Proceeds of collateral are also covered <input type="checkbox"/> B Products of collateral are also covered <input type="checkbox"/> C Proceeds of above described original collateral in which a security interest was perfected <input type="checkbox"/> D Collateral was brought into this State subject to security interest in another jurisdiction			

9. (Date) **September 20 19 83**

By: **Bruce M. Jacobsen** **Debbie Jacobsen**  
SIGNATURE(S) OF DEBTOR(S) TITLE(S)

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

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

**35576**

REQUESTED BY  
*Norwest Financial*  
 IN OFFICIAL RECORDS OF  
 STATE OF NEVADA  
 \$ 5.00 fee  
**1983 SEP 30 AM 11:24**

**SUZANNE BEAUDREAU**  
 RECORDER  
*Carol J. Hart* **087909**  
 Sep 30 1983 PAGE 2668

11. Return Copy to

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

THIS SPACE FOR USE OF FILING OFFICER