

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) Pitts, Ronald W.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. ██████-5460	
1B. MAILING ADDRESS Star Rt 3 Box 375		1C. CITY, STATE Mindan, Nevada	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) same		1F. CITY, STATE Mindan, Nevada	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Pitts, Gaile A.		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	
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	
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 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			

9. (Date) **October 7 19 83**

Ronald W. Pitts Gaile A. Pitts

By: Ronald W. Pitts (SIGNATURE (S) OF DEBTOR (S)) Gaile A. Pitts (TITLE)

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

11. Return Copy to

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

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BOOK 1083 PAGE 3310

10. This Space for Use of Filing Officer
(Date, Time, File Number and Filing Officer)
05594

REQUESTED BY
Norwest Financial
PROFESSIONAL RECORDERS OF
DOUGLAS COUNTY, NEVADA
S.S. C. P. R.
1983 OCT 24 AM 11:30

SUZANNE BEAUDREAU
RECORDER
Betty Henderson
Rep.

STANDARD FORM—FILING FEE \$2 00