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

This FINANCING STATEMENT is presented for fil DEBTOR (LAST NAME FIRST)		TA. SOCIAL SECURITY OR FEDE	RAL TAX NO.
HARVEY'S RESORT HOTEL			
MILING ADDRESS	TC. CITY, STATE	11	D. ZIP CODE
P.O. Box 128	Stateline		89449
RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 18)	1F. CITY, STATE		G. ZIP CODE
DDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)			
DOTTOTAL DEBTOR (IF ANY) (LAST NAME FIRST)		ZA. SOCIAL SECURITY OR FEDE	RAL TAX NO.
MILING ADDRESS	2C. CITY, STATE		D, ZIP CODE
RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 20)	2F. CITY, STATE	1	G, ZIP CODE
DEBTOR(S) TRADE NAME OR STYLE (IF ANY)		3A. FEDERAL TAX NO.	
DDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)	4A. CITY, STATE	1 / / /	B. ZIP CODE
ECURED PARTY		SA, SOCIAL SECURITY NO., FED	
NAME IGT		HO. OF BANK TRANSIT AND	A.B.A. NO.
MAILING ADDRESS 520 South Rock Blvd.		88-006210	9
CITY Repo STATE NV	ZIP CODE 89		•
SSIGNEE OF SECURED PARTY (IF ANY)		GA, SOCIAL SECURITY NO., FED NO. OR BANK TRANSIT AND	ERAL TAX
NAME		NO. ON MARK THARSTY AND	n.s.a. RQ.
MAILING ADDRESS			
CITY STATE	ZIP CODE		1
136802, 136803, (8) Seats and (8) stands, (8) Cardbacks, (1) Brite Lite Meter, (1) Control Box, (1) S And any other similar collateral hereafter a	(SO #29	86, 136796, 136799, 095)	
(8) Seats and (8) stands, (8) Cardbacks, (1) Brite Lite Meter, (1) Control Box, (1) S And any other similar collateral hereafter a	(SO #29 Sign, acquired from IGT.	/	
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