

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) Coyan, Barry R.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 0266	
1B. MAILING ADDRESS P. O. Box 1581		1C. CITY, STATE Minden, Nevada	1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 1383 Waterloo		1F. CITY, STATE Gardnerville, Nevada	1G. ZIP CODE 89410
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Coyan, Lee Ann		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS Same		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) same		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 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:

(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.

(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
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9. (Date) October 10 1984

By: Barry R. Coyan Lee Ann Coyan
SIGNATURE(S) OF DEBTOR(S) (TITLE)

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

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

05904

REQUESTED BY
Norwest Financial
 IN OFFICIAL SESSIONS OF
 THE STATE OF NEVADA

84 OCT 16 A9:05

SUZANNE [REDACTED] DEPUTY
 RECORDER

\$ 5.00 PAID ju DEPUTY

11. **Return Copy to**

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

108737

THIS SPACE FOR USE OF FILING OFFICER