

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) Cooper, Robert E.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 6744	
1B. MAILING ADDRESS P. O. Box 2442		1C. CITY, STATE Gardnerville, Nevada	1D. ZIP CODE 89410
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 915 Belmont Ct.		1F. CITY, STATE Gardnerville, Nevada	1G. ZIP CODE 89410
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Cooper, Martha		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 If Applicable A Proceeds of collateral are also covered B Products of collateral are also covered C Proceeds of above described original collateral in which a security interest was perfected D Collateral was brought into this State subject to security interest in another jurisdiction

9. (Date) November 19 19 84

By: Robert E. Cooper Martha Cooper
SIGNATURE(S) OF DEBTOR(S) (TITLE)

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

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

05953

REQUESTED BY
Norwest Financial
 IN OFFICIAL RECORDS OF
 DEPT. OF REVENUE

84 DEC -5 A11:06

SUZANNE BENOUREAU
 RECORDER

\$ 500 PAID je DEPUTY

110850

STANDARD FORM—FILING FEE \$2.00
BOOK 1284 PAGE 322

11. **Return Copy to**

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

(1) Filing Officer Copy — Numerical
 UNIFORM COMMERCIAL CODE—FORM UCC-1

Approved by the Secretary of State

THIS SPACE FOR USE OF FILING OFFICER