

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) Raftery, Becky L. | | 1A. SOCIAL SECURITY OR FEDERAL TAX NO. 6439 | |
| 1B. MAILING ADDRESS P. O. Box 11545 | | 1C. CITY, STATE Zephyr Cove, Nevada | 1D. ZIP CODE 89448 |
| 1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 666 Lakeview #3 | | 1F. CITY, STATE Zephyr Cove, Nevada | 1G. ZIP CODE 89448 |
| 2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Butler, James | | 2A. SOCIAL SECURITY OR FEDERAL TAX NO. | |
| 2B. MAILING ADDRESS same as above | | 2C. CITY, STATE | 2D. ZIP CODE |
| 2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) same as above | | 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 <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) December 3 19 84

By: Becky L. Raftery James Butler
SIGNATURE(S) OF DEBTOR(S) (TITLE)

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

11. Return Copy to

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

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

05957

REQUESTED BY
Norwest Financial
 IN OFFICIAL RECORDS OF
 COUNTY OF NEVADA

'84 DEC -5 A11 :11

SUZANNE BOURDEAU
 RECORDER

\$ 5.00 PAID JL DEPUTY **110854**

(1) Filing Officer Copy - Numerical

UNIFORM COMMERCIAL CODE—FORM UCC-1

Approved by the Secretary of State

STANDARD FORM—FILING FEE \$2.00
BOOK 1284 PAGE 326

THIS SPACE FOR USE OF FILING OFFICER