## 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 DEBTOR (LAST NAME FIRST)	or mind berseam to me	1/	A. SOCIAL SECURITY OR FEDERAL TAX NO
Graves, Gerald G.			3371
MAILING ADDRESS	1C. CITY, S		1D. ZIP CODE
P. O. Box 1161		nerville, Nevad	
RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 18)			1G. ZIP CODE
1330 Wheeler Way	Gard	nerville, Nevad	A. SOCIAL SECURITY OR FEDERAL TAX NO
ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)			
Graves, Mary Ann	2C. CITY.	STATE	2D. ZIP COD
			\ \
Same RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 20)	2F. CITY, 5	STATE	2G. ZIP COD
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Same DEBTOR(S) TRADE NAME OR STYLE (IF ANY)		3.	A. FEDERAL TAX NO.
ADDRESS OF DEBTOR (S) CHIEF PLACE OF BUSINESS (IF ANY	4A. CITY,	STATE	4B. ZIP COD
SECURED PARTY		5.	A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO
Norwest Financial Nevada, Inc.	( (	\ \ \ \ \	\/
MAILING ADDRESS P. O. Box 2549	levada ,	89702	~
CITY GALLOTT GLAD	z z	IF CODE	A. SOCIAL SECURITY NO., FEDERAL TAX
ASSIGNEE OF SECURED PARTY (IF ANY)	1 1		NO. OR BANK TRANSIT AND A.B.A. NO
NAME	1 1	/ /	
MAILING ADDRESS  CITY STATE	_ \ '	IP CODE	
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