

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

92119

This **FINANCING STATEMENT** is presented for filing pursuant to the Nevada Uniform Commercial Code

1. DEBTOR (LAST NAME FIRST) TESTER JOHN R		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-7511-0	
1B. MAILING ADDRESS P O BOX 323		1C. CITY, STATE MINDEN NEVADA	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1b) SAME		1F. CITY, STATE MINDEN NEVADA	
1D. ZIP CODE 89423		1G. ZIP CODE 89423	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) MICHELLE H TESTER		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-0156-0	
2B. MAILING ADDRESS P O BOX 323		2C. CITY, STATE MINDEN, NEVADA	
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2b) SAME		2F. CITY, STATE MINDEN, NEVADA	
2D. ZIP CODE 89423		2G. ZIP CODE 89423	
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 NEVADA STATE EMPLOYEES FEDERAL CREDIT UNION MAILING ADDRESS P O BOX 2128 CITY CARSON CITY NEV 89702 STATE _____ ZIP CODE _____		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0063808	
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.	

FORCE #1985 85 HP MOTOR #856X5L MODEL 8419

7A. _____ SIGNATURE OF RECORD OWNER	7C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)			
7B. _____ (TYPE) RECORD OWNER OF REAL PROPERTY				
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
9. Check <input checked="" type="checkbox"/> if Applicable	<input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403			

10. (Date) 6/27 1985

John R. Tester (John R. TESTER)
Michelle H. Tester (Michelle H. TESTER)
 SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: *Jean Thornton* (JEAN THORNTON) LOAN DESK CLERK (TITLE)

REQUESTED BY *Dev. At Employees Fed. Credit Union*

OFFICIAL RECORDS
 STATE OF NEVADA
 '85 JUN 28 AM 10:07

06117

SUZANNE BEAUDREAU
 RECORDER
 \$5.00 PAID BY DEPUTY

119385 BOOK **685** PAGE **2150**

11. **Return Copy to**

NAME **NEVADA STATE EMPLOYEES FEDERAL CREDIT UNION**
 ADDRESS **P O BOX 2128**
 CITY, STATE **CARSON CITY NEV 89702**
 AND ZIP _____

Carol Whitney Roberts

CAROL WHITNEY ROBERTS
 Notary Public - State of Nevada
 My Commission Expires OCT 16, 1987

THIS SPACE FOR USE OF FILING OFFICER