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

et-FORM UCC-1

CustomLine Financial Forms

MFG BY: DIAMOND NATIONAL CORPORATION
P.O. 80X 4000 \* RENO. NEVADA

This FINANCING STATEMENT is presented for fili	na nursuant to the Nevada Unife	um Commercial Code	
DEBTOR (LAST NAME FIRST)	ng pursuant to the Nevada Office	1A. SOCIAL SECURITY OR I	FEDERAL TAX NO.
Haakinson, Roger A.		-51	
MAILING ADDRESS	IC. CITY, STATE		ID. ZIP CODE
Star Route #3, 2841 Vicky	Minden, NV	\ \	89423
RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 10)	1F. CITY, STATE	<del></del>	1G, ZIP CODE
same		\ \	
ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL SECURITY OF	FEDERAL TAX NO
Haakinson, Beatrix M.		415	
MAILING ADDRESS	2C. CITY, STATE		2D. ZIP CODE
Star Route #3, 2841 Vicky RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2.)	Minden, NV		89423 2G, ZIP CODE
•	ZF. CITY, STATE	The state of the s	ZG, ZIF CODE
same		101	
DEBTOR(S) TRADE NAME OR STYLE (IF ANY)		3A. FEDERAL TAX NO	
n/a			1
ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)	4A. CITY, STATE		4B. ZIP CODE
SECURED PARTY	/	SA. SOCIAL SECURITY NO.	, FEDERAL TAX AND A.B.A. NO.
NAME Frontier Savings Association	< 1		1
MAILING ADDRESS P.O. Box 3780	\	88-008666	57
CITY Sparks, STATE NV	ZIP CODE 8943	32	
ASSIGNEE OF SECURED PARTY (IF ANY)		GA. SOCIAL SECURITY NO.	FEDERAL TAX
NAME n/a		NO. OR BANK IMANSII	AND A.B.A. NO.
NAME n/a MAILING ADDRESS	\ Y /		
CITY STATE	ZIP CODE		
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	ch real estate, if fixtures, included eal estate; if oil, gas or minerals,	le description of real	property to f real prop- dness to be
which affixed or to be affixed and name of record owner of such reerly from which to be extracted.  ALL STAELLITE EQUIPMENT	ch real estate, if fixtures, included eal estate; if oil, gas or minerals,  7A.  8	e description of real include description of include description of indebters secured at any one time (OP)	property to f real prop- dness to be (IONAL)
which affixed or to be affixed and name of record owner of such reerty from which to be extracted.  ALL STAELLITE EQUIPMENT  Check  A Proceeds of collateral are  B Croducts of collateral are  C C	ch real estate, if fixtures, included eal estate; if oil, gas or minerals,	e description of real include description of include description of indebters secured at any one time (OP)	property to f real prop- dness to be (IONAL)
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which affixed or to be affixed and name of record owner of such reerty from which to be extracted.  ALL STAELLITE EQUIPMENT  Check   A Proceeds of collateral are also covered  B Products of collateral are also covered  C Date Jul	Proceeds of above described original collateral in which a security interest was perfected  10. This (Date,	Maximum amount of indebtes secured at any one time (OPI subject to security intigures of Filing Offices Space for Use of Filing Offices	dness to be IONAL)
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Check  A Proceeds of collateral are also covered  Check  A Collateral are also covered  Roger A. Haakdinson  By:  Signature(s) of Debtor (s)  Frontier Savings Association  By:  Joyce   Return Copy to	Proceeds of above described original collateral in which a security interest was perfected  Haakinson  Poly 19 85  Haakinson	Maximum amount of indebtes secured at any one time (OP) subject to security int jurisdiction  Space for Use of Filing Office Time, File Number and Filing  REQUESTED IN OFFICIAL RECO	dness to be real property to f real property to f real property to f real property to be real property to
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Approved by the Secretary of State

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