

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

CUSTOMLINE FINANCIAL FORMS
 MFG BY: DIAMOND NATIONAL CORPORATION
 P.O. BOX 4000 - RENO, NEVADA

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

1. DEBTOR (LAST NAME FIRST) Haakinson, Roger A.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-5142	
1B. MAILING ADDRESS Star Route #3, 2841 Vicky		1C. CITY, STATE Minden, NV	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) same		1F. CITY, STATE Minden, NV	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Haakinson, Beatrix M.		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-4155	
2B. MAILING ADDRESS Star Route #3, 2841 Vicky		2C. CITY, STATE Minden, NV	
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) same		2F. CITY, STATE Minden, NV	
3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY) n/a		3A. FEDERAL TAX NO.	
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)		4A. CITY, STATE	
5. SECURED PARTY NAME: Frontier Savings Association MAILING ADDRESS: P.O. Box 3780 CITY: Sparks, STATE: NV ZIP CODE: 89432		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0086667	
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME: n/a 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 and name of record owner of such real estate, if fixtures, include description of real property to which affixed or to be affixed and name of record owner of such real estate; if oil, gas or minerals, include description of real property from which to be extracted).

ALL STAELLITE EQUIPMENT

7A. Maximum amount of indebtedness to be secured at any one time (OPTIONAL)

\$

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
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9. (Date) July 5, 19 85

Roger A. Haakinson Beatrix M. Haakinson

By: [Signature] x [Signature]
 SIGNATURE(S) OF DEBTOR(S) (TITLE)

Frontier Savings Association

By: [Signature]
 JOYCE P. BILL OF SECURED PARTY (IES) A.V.P. (TITLE)

11. Return Copy to

NAME: Frontier Savings Association
 ADDRESS: P.O. Box 3780
 CITY, STATE AND ZIP: Sparks, NV 89432

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

06127

REQUESTED BY
Frontier Savings Assn.
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

'85 JUL 12 10:48

SUZANNE BEAUDREAU
 RECORDER

\$5.00 PAID [Signature] DEPUTY

120050

THIS SPACE FOR USE OF FILING OFFICER