	This FINANCING	STATEMENT is presented	for filing pursuant to the N	levada Uniform Commercia	l Code
DEBTOR (LAST NAME FIRST)				A. SOCIAL SECURITY OR FEDERAL TAX NO.	
MURRAY MAILING ADDE	LAURA E.		IC. CITY, STA	TE .	0096
				oden Nv.	89423
RESIDENCE AL	ilborne DORESS (IF AN INDIVIDU	AL AND DIFFERENT THAN 18)	1F. CITY, STA		1G. ZIP CODE
ADDITIONAL D	EBTOR (IF ANY) (LAST I	NAME FIRST)	· · · · · · · · · · · · · · · · · · ·	ZA, SOCIAL SEC	URITY OR FEDERAL TAX NO.
. MAILING ADDRESS			2C. CITY, STA	re	2D. ZIP CODE
RESIDENCE AD	DORESS (IF AN INDIVIDU	AL AND DIFFERENT THAN 20)	2F. CITY, STA	TE	2G. ZIP CODE
DEBTOR(S) TF	RADE NAME OR STYLE (I	F ANY)	<	3A. FEDERAL	TAX NO.
ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)			4A. CITY, STA	TE	4B, ZIP CODE
SECURED PAR	TY .				URITY NO., FEDERAL TAX K TRANSIT AND A.B.A. NO.
NAME]	Nevada First T P.O. Box	1788	/_		
CITY ASSIGNEE OF S	Cardnorui 1 1 SECURED PARTY (IF ANY	STATE	NV ZIP	6A. SOCIAL SEC	0132848 CURITY NO., FEDERAL YAX
NAME				NO. OR BAN	K TRANSIT AND A.B.A. NO.
MAILING ADI	DRESS			. / /	
CITY		STATE	ZIP	CODE	
	SIGNATURE OF RE	CORD OWNER	- 7c. s	MAXIMUM AMOUNT OF INDEBT	EDNESS TO
	(TYPE) RECORD OWNER	OF REAL PROPERTY		BE SECORED AT ANY ONE TIME	COPTIONAL
Check 🗵 A	Proceeds of collateral are also covered	B Products of collateral are also covered	Proceeds of above descriptions original collateral in what a security interest was p	ich D subject to s	vas brought into this State ocurity interest in another
Chack X	DEBTOR IS A "TRANS	MITTING UTILITY" IN ACCORDANCE	WITH NRS 704,205 AND NRS 104,940)3	•
pplicable				12. This Space for Use of Filing O	fficer
1 /		(Date)	uly 24, 1985	(Date, Time, File Number and Fil	ing Officer)
	M.3 2 W	MANGE /			06141
LAURA	E. MURRAY				- -
Ву:		<u>` </u>		Mpailmatha a	v -
SIGNATURE(S) OF DEBTOR (S) (TITLE)				KEUUESTEU B	not Shrift
. ^	co On			IN OFFICIAL RECORDOUGLAS COLL NET	DS OF
Ву:	SIGNATURE (S) OF SECTION LA COLLE	CURED PARTY (IES)	MANAGER!	•	•
	Re	turn Copy to	7	'85 JUL 29 A11 :	15
ME	NEVADA FIR P.O. Box 1		I	SUZANNE BEAUD RECORDER	REAU
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