

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 filing pursuant to the Nevada Uniform Commercial Code

1. DEBTOR (LAST NAME FIRST) LA BRANCH, JOHN		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-5561	
1B. MAILING ADDRESS 3486 PRINCETON		1C. CITY, STATE Carson City NV	1D. ZIP CODE 89701
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) SAME		1F. CITY, STATE SAME	1G. ZIP CODE SAME
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) LA BRANCH, JENNIE (Wife)		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-1408	
2B. MAILING ADDRESS SAME		2C. CITY, STATE SAME	2D. ZIP CODE SAME
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) SAME		2F. CITY, STATE SAME	2G. ZIP CODE SAME
3. DEBTOR (S) TRADE NAME OR STYLE (IF ANY) VALLEY SEPTIC SERVICE		3A. FEDERAL TAX NO.	
4. ADDRESS OF DEBTOR (S) CHIEF PLACE OF BUSINESS (IF ANY) # 16 CASH DRIVE		4A. CITY, STATE MOONBURSE	4B. ZIP CODE
5. SECURED PARTY NAME NORWEST FINANCIAL NEVADA, INC. MAILING ADDRESS P.O. Box 2549 CITY CARSON CITY STATE NEVADA ZIP CODE 89702		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
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.	

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, if fixtures, include description of real property to which affixed or to be affixed; if oil, gas or minerals, include description of real property from which to be extracted).

THE PARAGRAPHS CHECKED BELOW DESCRIBE THE PROPERTY COVERED BY THIS FINANCING STATEMENT:

- (a) All of debtors' household goods and furniture of every kind, nature and description now located in or about debtors' premises at their address set forth above.
- (b) The following property located in or about debtors' premises at their address set forth above:

SUNDANCE SUPRA II Lounger Spa
3 1/2 Spa Top

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

8. Check if Applicable

<input type="checkbox"/> A Proceeds of collateral are also covered	<input type="checkbox"/> B Products of collateral are also covered	<input checked="" type="checkbox"/> C Proceeds of above described original collateral in which a security interest was perfected	<input type="checkbox"/> D Collateral was brought into this State subject to security interest in another jurisdiction
--	--	--	--

9. (Date) **4/7** 19**95**

By: **J. R. LABRANCH**
 SIGNATURE(S) OF DEBTOR(S) (TITLE)
Jennie La Branch

By: **Jennie La Branch**
 SIGNATURE(S) OF SECURED PARTY(S) (TITLE)
Phyllis Douglas

11. Return Copy to

NAME	Norwest Financial
ADDRESS	P. O. Box 2549
CITY, STATE AND ZIP	Carson City, NV 89702

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

06150

REQUESTED BY
Norwest Financial
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

'85 AUG -7 11:00

SUZANNE BEAUDREAU
 RECORDER
\$6.00 PAID IN DEPUTY

121176

THIS SPACE FOR USE OF FILING OFFICER