

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

971 92119

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

1. DEBTOR (LAST NAME FIRST) Mobley, Lynn H.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-9311	
1B. MAILING ADDRESS 1320 Cathy Ln. (box 365)		1C. CITY, STATE Minden, NV	1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) same		1F. CITY, STATE	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Mobley, Dorothy L.		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-1948	
2B. MAILING ADDRESS P.O. Box 365		2C. CITY, STATE Minden, NV	2D. ZIP CODE 89423
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) 1320 Cathy Ln.		2F. CITY, STATE Minden, NV	2G. ZIP CODE 89423
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) n/a		4A. CITY, STATE	4B. ZIP CODE
5. SECURED PARTY NAME FRONTIER SAVINGS ASSOCIATION MAILING ADDRESS P.O. BOX 20700 CITY RENO STATE NV ZIP CODE 89515		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-008-6667	
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 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 SATELLITE EQUIPMENT

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) November 7 19 85

Lynn Mobley Dorothy L. Mobley

By: Lynn G. Mobley (SIGNATURE(S) OF DEBTOR(S)) (TITLE)
FRONTIER SAVINGS ASSOCIATION

By: Carmi Cosman BRANCH MANAGER (TITLE)
CARM COSMAN (SIGNATURE(S) OF SECURED PARTY (IES))

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

06217

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

126661

85 NOV 14 P2:42

SUZANNE BEAUDREAU
RECORDER
\$ 5.00 PAID LD DEPUTY

BOOK 1185 PAGE 1141

11. **Return Copy to**

NAME FRONTIER SAVINGS ASSOCIATION
ADDRESS P.O. BOX 20700
CITY, STATE RENO, NV 89515
AND ZIP

THIS SPACE FOR USE OF FILING OFFICER