11956

REORDER FROM SMURFIT DIAMOND BUSINESS FORMS
S.F. (415) 420-3601 L.A. (213) 685-1981

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) Manchester Enterprises Inc.		**1A. SOCIAL SECURITY OR FEDERAL TAX NO.** 88-0157452	
1B. MAILING ADDRESS P.O. Box 2275	**1C. CITY, STATE** Stateline, NV		**1D. ZIP CODE** 89449
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1a)	**1F. CITY, STATE**		**1G. ZIP CODE**
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		**2A. SOCIAL SECURITY OR FEDERAL TAX NO.**	
2B. MAILING ADDRESS	**2C. CITY, STATE**		**2D. ZIP CODE**
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2a)	**2F. CITY, STATE**		**2G. ZIP CODE**
3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY)		**3A. FEDERAL TAX NO.**	
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)	**4A. CITY, STATE**		**4B. ZIP CODE**

5. SECURED PARTY
NAME Nevada Banking Company
MAILING ADDRESS P.O. Box 1616
CITY Gardnerville, STATE NV ZIP CODE 89410

5A. SOCIAL SECURITY NO.. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
94-161

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.

1977 Oshkosh Rotary Snow Blower

7A. _____
        SIGNATURE OF RECORD OWNER

7B. _____
        (TYPE) RECORD OWNER OF REAL PROPERTY

7C. $_____
        MAXIMUM AMOUNT OF INDEBTEDNESS TO
        BE SECURED AT ANY ONE TIME (OPTIONAL)

8. Check [X] if Applicable	A ☐ Proceeds of collateral are also covered	B ☐ Products of collateral are also covered	C ☐ Proceeds of above described original collateral in which a security interest was perfected	D ☐ Collateral was brought into this State subject to security interest in another jurisdiction

9. Check [X] if Applicable ☐ DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

10.
(Date) 11/20 19 85

Manchester Enterprises, Inc.

By: _Charles R. Manlx_ _Charles R. Manchester_
        SIGNATURE(S) OF DEBTOR (S)   (TITLE)

Nevada Banking Company

By: _____
        SIGNATURE (S) OF SECURED PARTY (IES)   (TITLE)

11. **Return Copy to**
NAME Nevada Banking Company
ADDRESS P.O. Box 1616
CITY, STATE Gardnerville, NV 89410
AND ZIP

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

06222

REQUESTED BY
Nevada Banking Co.
IN OFFICIAL RECORDS OF
DOUGLAS CO.. NEVADA

'85 NOV 22 P3 :02

SUZANNE BEAUDREAU
RECORDER
$5.00 PAID _____ DEPUTY

127342
BOOK 1185 PAGE 2321

THIS SPACE FOR USE OF FILING OFFICER

(1) FILING OFFICER COPY - ALPHABETICAL

UNIFORM COMMERCIAL CODE-FORM UCC-1 (REV. 7-77) Approved by the Nevada Secretary of State

FILING FEES
SEE INSTRUCTIONS