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

(1) Filing Officer Copy - Numerical

UNIFORM COMMERCIAL CODE-FORM UCC-1

This FINANCING STATEMENT is presented for filing pu	ursuant to the Nevada I	Uniform Commercial Code	
1. DEBTOR LAST NAME FIRST) DATES RALPA 1B. MAILING ADDRESS			- 1449
1B. MAILING ADDRESS	1C. CITY, BTATE,	Neu.	89423
TE. REBIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN IB)	1F. CITY, STATE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL SECURITY O	R FEDERAL TAX NO
BAtes, BONA	2C. CITY, STATE		1 2D. ZIP CODE
1667 TONI COURT		NeO.	89423
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN RE)	2F. CITY, STATE		2G. ZIP CODE
3. DEBTOR (B) TRADE NAME OR STYLE (IF ANY)		3A, FEDERAL TAX RO	
	4A. CITY, STATE		1 48. ZIP CODE
4. ADDRESS OF DEBTOR (S) CHIEF PLACE OF BUSINESS (IF ANY)	4A. CITT, BIAIL	\	140. 217 6002
5. BECURED PARTY		SA. SOCIAL SECURITY NO. OR BANK TRAN	
MAME NORWEST Financial NEVada, IN MAILING ADDRESS P.O. BOX 2549	۷.		
CITY COM CITY STATE NV	ZIP CODE	1702	
6. ASSIGNEE OF SECURED PARTY (IF ANT)		GA. SOCIAL SECURITY P	
NAME	$\setminus \setminus /$		
MAILING ADDRESS CITY STATE	ZIP CODE		
erals, include description of real property from which to be extracted THE PARAGRAPHS CHECKED BELOW DESCRIBE THE PROPERTY COVERED BY THIS FILL (a) All of debtors' household goods and furniture of every kind, nature and description now (a) The following property located in or about debtors' premises at their address set forth ab (a) DION - NOW UNIDED RECIEVER 11' DION - NOW UNIDED RECIEVER 12' DION - TOXX TIVE.	NANCING STATEMENT: r located in or about debtors' pre ove:	7A. Maximum amount of indeb secured at any one time (O	otedness to be PTIONAL.)
If A collateral are B collateral are C C ori	oceeds of above described ginal collateral in which security interest was perfected	Collateral was broug subject to security int jurisdiction	
9. (Date) Dec 7	1985	O. This Space for Use of Filing C (Date, Time, File Number and F	
Ralphi Bates Bona Ba	C31+		06273
By: X . X . Solid - Bona Ba	TITLE)	prous STED B)	·
By: X PHYTHIS LANGED IS, OSE Thefle	Jangloin (TITLE)	Therwest of the second of the	Mellal DS OF MDA
HAME Norwest Purancial		186 JAN 17 A9:2	20
ADDRESS P.C. BOX 2549		ентаки ва в	DIAU
AND ZIP COURSON CITY, NV 89702	129585	SUZANNE JEAGE RECURSER 5 5 PAID BL	DEPUTY
BOOK	186 PAGE 1358		

Approved by the Secretary of State