

**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) <b>THOMPSON'S TROPHY &amp; ENGRAVING</b>		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-1922	
1B. MAILING ADDRESS 1394 Topaz Lane		1C. CITY, STATE Gardnerville, Nevada	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	
1D. ZIP CODE 89410		1G. ZIP CODE	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2F. CITY, STATE	
2D. ZIP CODE		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		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 94-41/1212	
5. SECURED PARTY NAME: First Interstate Bank of Nevada, N.A. MAILING ADDRESS: P. O. Box 68 CITY: Minden STATE: Nevada ZIP CODE: 89423		6A. 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:			

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.

1 - Wizzard XL Computer

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 checked="" 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) April 22, 1986

THOMPSON'S TROPHY & ENGRAVING

By: [Signature] Sharon A. Thompson (TITLE)

FIRST INTERSTATE BANK OF NEVADA, N.A.

By: [Signature] Loan Officer (TITLE)

M. L. Meneszi (TITLE)

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

**06314**

REQUESTED BY  
First Interstate Bank  
IN OFFICIAL RECORDS OF  
COMPLAS CO., NEVADA

36 APR 25 A10:45

SUZANNE BEAUDREAU  
RECORDER

\$500 PAID [initials] DEPUTY BOOK **133898**  
**486 PAGE 2280**

11. **Return Copy to**

NAME: First Interstate Bank of Nevada, N.A.  
ADDRESS: P. O. Box 68  
CITY, STATE AND ZIP: Minden, Nv. 89423

THIS SPACE FOR USE OF FILING OFFICER