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 pu	ursuant to the Nevada Uniform Commercial Code
1. DEBTOR (LAST NAME FIRST)	A. SOCIAL SECURITY OR FEDERAL TAX NO
ADAMIS, VERNON F	1C. CITY, STATE 1D. ZIP CODE
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN IN)	
2. 903 GARL WARY SHORE 2. ADDITIONAL DELITOR OF ANY) CLAST NAME FIRST	MINDEN, NV 89423
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME PIRST)	COUDITY OR FEDERAL TAX NO
4DAINS PATRICIA 4 28. MAILING ADDRESS	2253
20 Milling inpures	2C. CITY, STATE 2D. ZIP COD
	20, 511, 51712
2805 COATE CLASS 2E. RESIDENCE ADDRESS IN AN INDIVIDUAL AND DIFFERENT THAN 28)	the state of the s
2E. RESIDENCE ADDRESS HE AN INDIVIDUAL AND DIFFERENT THAN 20)	2F. CITY, STATE 2G. ZIP COD
3. DEBTOR (5) TRADE NAME OR STYLE (IF ANY)	3A. FEDERAL TAX NO.
4. ADDRESS OF DEUTOR (5) CHIEF PLACE OF BUSINESS (IF ANY)	4A. CITY, STATE 4B. ZIP COD
The state of the s	
5. SECURED PARTY	5A, SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO
NAME Norwest Financial, Inc.	
MAILING ADDRESS P. O. Box 2549	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
city Carson City STATE IW	zip code 89702
6. ASSIGNEE OF SECURED PARTY (IF ANY)	6A. SCCIAL SECURITY NO., FEDERAL TAX
or moratile of seconds (MITT III MIT)	HO, OR BANK TRANSIT AND A.B.A. NO
NAME	
MAILING ADDRESS	
CITY STATE	ZIP CODE
THE PARAGRAPHS CHECKED BELOW DESCRIBE THE PROPERTY COVERED BY THIS FI (a) All of debtors' household goods and furniture of every kind, nature and description now (b) The following property located in or about debtors' premises at their address set forth at (- Sindatuce Silverac Spa	w located in or about debtors' premises at their address set forth above.
1- Spn Top 1- START-UP KIT	7A. Maximum amount of indebtedness to be secured at any one time (OPTIONAL.) \$
B Check [S] A Proceeds of collateral are C Products of collateral are	secured at any one time (OPTIONAL.)
B Check (**) A Proceeds of tollateral are also covered also covered also covered	secured at any one time (OPTIONAL.) \$ Collateral was brought into this Statiginal collateral in which security interest was perfected purisdiction pur
B Check [S] A Proceeds of collateral are C Products of collateral are	Secured at any one time (OPTIONAL.) \$ Occeeds of above described iginal collateral in which subject to security interest in another jurisdiction 10. This Space for Use of Filing Officer (Date, Time, File Number and Filing Officer)
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By: Africa Copy to By: Africa Copy to NAME ADDRESS Norwest Financial, Inc. By: College of the Copy to Refur Copy to Products of college of college of college of the c	Collateral was brought into this State subject to security interest in another jurisdiction 10. This Space for Use of Filing Officer (Date, Time, File Number and Filing Officer) REQUESTED BY Manual Financial IN OFFICE A. Adams REQUESTED BY MANUAL FINANCIAL REQUESTED BY AUG 18 P12:16

Approved by the Secretary of State

UNIFORM COMMERCIAL CODE-FORM UCC-1

STANDARD FORM FILING FLE \$2.00