

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 pursuant to the Nevada Uniform Commercial Code

1. DEBTOR (LAST NAME FIRST) ADAMS, VERNON F		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 0226	
1B. MAILING ADDRESS ADAMS, PATRICIA A		1C. CITY, STATE MINNEN, NV	1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 2903 GALE WAY SASSIE		1F. CITY, STATE MINNEN, NV	1G. ZIP CODE 89423
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) ADAMS, PATRICIA A		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 2253	
2B. MAILING ADDRESS 2805 GALE WAY		2C. CITY, STATE MINNEN, NV	2D. ZIP CODE 89423
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		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 Norwest Financial, Inc. MAILING ADDRESS P. O. Box 2549 CITY Carson City STATE NV ZIP CODE 89702		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
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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.
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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, if fixtures, include description of real property to which affixed or to be affixed; if oil, gas or minerals, include description of real property from which to be extracted).

THE PARAGRAPHS CHECKED BELOW DESCRIBE THE PROPERTY COVERED BY THIS FINANCING STATEMENT:

- (a) All of debtors' household goods and furniture of every kind, nature and description now located in or about debtors' premises at their address set forth above.
- (b) The following property located in or about debtors' premises at their address set forth above:

1- SUNDANCE SILVERADO SPA
 1- SPA TOP
 1- START-UP KIT

7A. Maximum amount of indebtedness to be secured at any one time (OPTIONAL)
 \$ _____

B Check 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. (Date) **7/22 1966**

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

By: **[Signature]** Vernon Adams (TITLE)
 By: **[Signature]** Patricia A. Adams (TITLE)

06380
 RECEIVED BY **Norwest Financial**
 IN OFFICE OF CLERK OF SUPERIOR COURT
 DEPT. OF TREASURY

11. Return Copy to
 NAME: **Norwest Financial, Inc.**
 ADDRESS: **P. O. Box 2549**
 CITY, STATE AND ZIP: **Carson City, NV 89702**

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 \$ **5.00** PAID **BL** DEPUTY
 BOOK **886** PAGE **1860**

THIS SPACE FOR USE OF FILING OFFICER