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

67		
This FINANCING STATEMENT is presented for filing 1. DEBTOR (LABT NAME FIRST)	pursuant to the Nevada Unifor	m Commercial Code 1A. social security or federal tax no.
White, Ronald O.		9343
1B. MAILING ADDRESS	1C. CITY, BTATE	1D. ZIP CODE
P. O. Box 2427	Gardnerville, N	
1E. REGIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN ID)	1F. CITY, STATE	1G. ZIP CODE
710 Boulder Street 2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)	Gardnerville, N	V 89410
White, Linda		ZA, SSIM SISSANT SA TESEMA TAK NO.
2B. MAILING ADDRESS	2C. CITY, STATE	2D. ZIP CODE
same		\ \
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 20)	2F. CITY, STATE	2G. ZIP CODE
SAME 3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY)		3A. FEDERAL TAX NO.
S. DEBIOR(S) TRADE NAME OR STYLE (IF ANY)		SA. PEDERAL IAX NO.
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)	4A. CITY, STATE	4B. ZIP CODE
5. SECURED PARTY		5A. SOCIAL SECURITY NO., FEDERAL TAX
NAME Norwest Financial Nevada, Inc.		NO. OR BANK TRANSIT AND A.B.A. NO.
MAILING ADDRESS P. O. BOX 2549		
CITY Carson Ctiy STATE Nevada	ZIP CODE 89702	
6. ASSIGNEE OF SECURED PARTY (IF ANY)		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A. B.A. NO.
NAME	< 1 1	
MAILING ADDRESS CITY STATE	ZIP CODE	nclude description of real property
THE PARAGRAPHS CHECKED BELOW DESCRIBE THE PROPERTY COVERED BY THIS (a) All of debtors' household goods and furniture of every kind, nature and description n (b) The following property located in or about debtors' premises at their address set forth Flotation mattress and box 2602 BRG bed frame Fl078 A/V center	ow located in or about debtors' premises at above:	their address set forth above. Asximum amount of indebtedness to be recurred at any one time (OPTIONAL.)
If C A collateral are B collateral are C A c	Proceeds of above described original collateral in which a security interest was perfected	Collateral was brought into this State subject to security interest in another jurisdiction
9. 10. This Space for Use of Filing Officer		
(Date)	July 20 19 87 (Date,	Time, File Number and Filing Officer)
Donald O. White		06547
By: Royald O. White Linda White SIGNATURE(S) OF DEBTOR(S) Linda White Linda White (TITLE)		
RECUESTED BY.		
By: Phyllis Langlois, CSR Phyllis Variety of SIGNATURE (S) OF SECURED PARTY (189)	(TITLE)	norwest Financia
11. Return Copy to	(TITLE)	IN OFFICIAL RECORDS OF BUTTO A STROMA REVADA
NAME Norwest Financial ADDRESS P. O. Box 2549 CITY, STATE C		37 AUG 17 P2:02
AND ZIP Carson City, NV 89702	,	SUZAKNI, BEAUUREAU
<u></u>	160316	RECORDER
(1) Filing Officer Copy — Numerical		SOB PAID THE DEPUTY
UNIFORM COMMERCIAL CODE-FORM UCC-1 Approved by the	BOOK 887PAGE 1798	STANDARD FORM-FILING FEE \$2.00