

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

FINANCIAL FORMS DEPARTMENT

This **FINANCING STATEMENT** is presented for filing pursuant to the Nevada Uniform Commercial Code

1. DEBTOR (LAST NAME FIRST) BATES, RALPH L.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-1449	
1B. MAILING ADDRESS 1667 Toni Ct.		1C. CITY, STATE Minden, NV	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	
1D. ZIP CODE 89423		1G. ZIP CODE	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) BATES, BONA		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-0108	
2B. MAILING ADDRESS 1667 Toni Ct.		2C. CITY, STATE Minden, NV	
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2F. CITY, STATE	
2D. ZIP CODE 89423		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	
5. SECURED PARTY NAME Southwest Gas Corporation MAILING ADDRESS P.O. Box 1190 CITY Carson City STATE NV ZIP CODE 89702		#88-0085720	
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	

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.

Installation of one natural gas furnace ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ ^{BUS}
~~XXXXXX~~ at 1667 Toni Ct., Minden, NV, 89423; Parcel #2, APN 23-510-20;
 Total Cost: \$1757.65.

7A. X *Ralph L. Bates*
 SIGNATURE OF RECORD OWNER

7B. _____
 (TYPE) RECORD OWNER OF REAL PROPERTY

7C. \$ _____
 MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

8. Check if Applicable

A <input 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 if Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

10. (Date) X *Oct 16* 1988

By: X *Ralph L. Bates*
 SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: X *Bona Bates*
 SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: X *J. L. Cruz* SALES SUPERVISOR
 SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

11. Return Copy to

NAME	Southwest Gas Corporation
ADDRESS	Marketing Department
CITY, STATE AND ZIP	P.O. Box 1190 Carson City, NV 89702

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

06807

REQUESTED BY
Southwest Gas
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA
192994

'88 DEC 20 P12:55
 BOOK 1288 PAGE 2757
 SUZANNE BEAUDREAU
 RECORDER
 \$6.00 PAID DEPUTY