

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) Jackson, Lance E.
1A. SOCIAL SECURITY OR FEDERAL TAX NO. 7160
1B. MAILING ADDRESS P. O. Box 1576
1C. CITY, STATE Minden, NV
1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 290 Shadow Mtn Dr.
1F. CITY, STATE Minden, NV
1G. ZIP CODE 89423
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Jackson, Connie
2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS same
2C. CITY, STATE
2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) SAME
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 Nevada, 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.
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, 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 the debtors' household goods and sports/recreation equipment now located at the debtors' address shown above except those items prohibited by the Federal Trade Commission's Credit Practices Rule.
(b) The following property located in or about debtors' premises at their address set forth above:

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

\$

8. Check [X] 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) August 4 19 88
By: Lance E. Jackson (Signature) Connie Jackson (Signature)
SIGNATURE(S) OF DEBTOR(S) (TITLE)
By: Phyllis Langlois, CSR (Signature) Phyllis Langlois (Signature)
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

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

06829

REQUESTED BY
Norwest Financial
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'89 FEB -1 A11:13

195547 SUZANNE BEAUDREAU RECORDER
\$ 6.00 PAID DEPUTY
289 PAGE 028

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

(1) Filing Officer Copy - Numerical

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