

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

STATE OF NEVADA

FINANCIAL FORMS DEPARTMENT

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

1. DEBTOR(S) NAME(S) LESSEE: Bill Heise Insurance, Inc.		1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
1B. MAILING ADDRESS P.O. Box 39		1C. CITY, STATE Minden, NV	1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
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. LESSOR(S) NAME(S) LESSOR: NFB LEASING: A DIVISION OF NEVADA FIRST BANK P.O. BOX 81650 LAS VEGAS NV ZIP CODE 89180		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
6. ASSIGNEE OF SECURED PARTY (IF ANY)		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.

Proceeds, Additions, Replacements, and Substitutions

(1) Ricoh FAX 20E

~~TRM~~

THIS IS A LEASE TRANSACTION: LEASE # 54572502

DUAL FILING WITH THE SECRETARY OF STATE

7A. _____ SIGNATURE OF RECORD OWNER	7C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)			
7B. _____ (TYPE) RECORD OWNER OF REAL PROPERTY				
8. Check <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> If Applicable	<input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403			

10. (Date) 2-14-1989

William L. Heise (President)

By: William L. Heise (President)
SIGNATURE(S) OF DEBTOR(S) (TITLE)

Diane L. Begnoche

By: Diane L. Begnoche
SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

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

06838

REQUESTED BY
Nevada First Bank
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'89 MAR -2 AIO:37

SUZANNE BEAUDREAU
RECORDER

\$ 5.00 PAID Ph DEPUTY

BOOK **389** PAGE **148**

197360

FILING FEES
SEE INSTRUCTIONS

11. **Return Copy to**

NAME nfb leasing
ADDRESS P.O. BOX 81650
CITY, STATE LAS VEGAS, NV 89180
AND ZIP

THIS SPACE FOR USE OF FILING OFFICER