

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: Raymond D. May DBA: Minden AM-PM		1A. SOCIAL SECURITY OR FEDERAL TAX NO.
1B. MAILING ADDRESS 1676 Highway 395		1C. CITY, STATE Minden, NV
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1D. ZIP CODE 89423
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		1F. CITY, STATE
2B. MAILING ADDRESS		1G. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.
3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY)		2C. CITY, STATE
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)		2D. ZIP CODE
4A. CITY, STATE		2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)
4B. ZIP CODE		2F. CITY, STATE
5. DEBTOR(S) NAME LESSOR: NAME NFB LEASING: A DIVISION OF NEVADA FIRST BANK		3A. FEDERAL TAX NO.
MAILING ADDRESS P.O. BOX 81650		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
CITY LAS VEGAS, STATE NV ZIP CODE 89180		
6. ASSIGNEE OF SECURED PARTY (IF ANY)		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
NAME		
MAILING ADDRESS		
CITY STATE ZIP CODE		

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
 PLEASE SEE EXHIBIT "A"
 THIS IS A LEASE TRANSACTION: LEASE # 26478349

DUAL FILING WITH THE SECRETARY OF STATE

7A. _____ 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 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. Check if Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

10. (Date) 3-28 1987

Raymond D. May (owner)

By: Raymond D. May SIGNATURE(S) OF DEBTOR(S) (TITLE)

Diane L. Begnoche

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

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

06864

200237

BOOK **489** PAGE **1793**

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

