

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. <del>DEBTOR NAME</del> LESSEE: Norman James McLeod DBA: 7-11 #22590		1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
1B. MAILING ADDRESS 805 Tillman Lane		1C. CITY, STATE Gardnerville, NV	1D. ZIP CODE 89410
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	1G. ZIP CODE
2. ADDITIONAL C/BTOR (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. <del>SECURED PARTY</del> LESSOR: NFB LEASING: A DIVISION OF NEVADA FIRST BANK P.O. BOX 81650 LAS VEGAS STATE 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

PLEASE SEE EXHIBIT "A" 61409048

DUAL FILING WITH THE SECRETARY OF STATE

THIS IS A LEASE TRANSACTION: LEASE #

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) 4-25 1989

Norman James McLeod (owner)

By: [Signature] (TITLE)

Diane L. Begnoche

By: [Signature] (TITLE)

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

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11.  Return Copy to

NAME: NFB LEASING  
 ADDRESS: P.O. BOX 81650  
 CITY, STATE AND ZIP: LAS VEGAS, NV 89180

THIS SPACE FOR USE OF FILING OFFICER

NFT LEASING  
EXHIBIT "A"

LESSOR

LESSEE

NFB LEASING: A DIVISION OF NEB

NORMAN JAMES McLEOD DBA: 7-11

#22590

805 TILLMAN LANE

P.O. BOX 81650

GARDNERVILLE, NV 89410

LAS VEGAS, NV 89180

QUANTITY	SERIAL NO.	EQUIPMENT (MANUFACTURER, MAKE, MODEL, DESCRIPTION)
		VENDOR: FOTO UV INCORPORATED/
(3)		CD Chip B/W Cameras or Synced Vidicon Cameras
(1)		Transaction Verification System
(1)		Printer
(2)		Interfaces Tec 141

LESSEE MUST DATE AND SIGN THIS PAGE.  
NAME AND ADDRESS MUST ALSO  
BE SHOWN ABOVE.

DATE: 4-25-89

LEASE NO: \_\_\_\_\_

BY: Norman James McLeod  
SIGNATURE TITLE

Norman James McLeod (owner)

BY: \_\_\_\_\_  
SIGNATURE TITLE

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COPY

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

'89 MAY -8 P12:56

SUZANNE BEAUDREAU  
RECORDER

201442

\$ 7<sup>00</sup> PAID K12 DEPUTY

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