

**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) <b>Garside Ronald E.</b>		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-2737	
1B. MAILING ADDRESS <b>P.O. Box 2005</b>		1C. CITY, STATE <b>Gardnerville, NV</b>	1D. ZIP CODE <b>89410</b>
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) <b>1353 El Dorado Apt F</b>		1F. CITY, STATE <b>Gardnerville, NV</b>	1G. ZIP CODE <b>89410</b>
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) <b>Garside Pamela K.</b>		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-5603	
2B. MAILING ADDRESS <b>Same</b>		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. SECURED PARTY NAME <b>Norwest Financial Nevada, Inc.</b> MAILING ADDRESS <b>P.O. Box 2549</b> CITY <b>Carson City</b> STATE <b>NV</b> ZIP CODE <b>89702</b>		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 debtors' household goods and furniture of every kind, nature and description now located in or about debtors' premises at their address set forth above.
- (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  if Applicable

<input checked="" type="checkbox"/> Proceeds of collateral are also covered	<input type="checkbox"/> Products of collateral are also covered	<input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected	<input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction
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9. (Date) 9/8 19 89

By: Ronald Garside Pamela Garside  
SIGNATURE(S) OF DEBTOR(S) (TITLE)

Norwest Financial Nevada, Inc.

By: J.R. Hildebrand, Credit Mgr.  
SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

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

**06930**

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

11.  **Return Copy to**

NAME Norwest Financial Nevada, Inc.  
 ADDRESS P.O. Box 2549  
 CITY, STATE AND ZIP Carson City, NV 89702

**89 SEP 11 AM 10:07**

SUZANNE BEAUDREAU  
 RECORDER **210552**

\$ 11.00 PAID K12 DEPUTY

STANDARD FORM FILING FEE \$2.00  
**BOOK 989 PAGE 1082**

THIS SPACE FOR USE OF FILING OFFICER