UNIFORM COMMERCIAL CODE-FINANCING STATEMENT-FORM UCC-1

This FINANCING STATEMENT is presented for fil		iform Commercial Cod	
DEBTOR (LAST NAME FIRST)	A HOTEL & CASINO	IX. SOCIAL SECONITIO	a yegeant inn mo.
Consolidated Casinos Corp dba: HIGH SIERR	IC. CITY, STATE		1D. ZIP CODE
P. O. Box C	Stateline, NV		1G. ZIF CODE
RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 10)	IF. CITY, STATE	^	IG. ZIP CODE
ADDITIONAL DESTOR (IF ANY) (LAST NAME FIRST).		2A. SOCIAL SECURITY O	OR FEDERAL TAX NO.
ADDITIONAL DEBICK OF ANY COME THAT IS			
MAILING ADDRESS	2C. CITY, STATE	\ \	2D. ZIP CODE
RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 20)	2F. CITY, STATE		2G. ZIP CODE
DEBTOR(S) TRADE NAME OR STYLE (IF ANY)	~	3A. FEDERAL TAX	10.
HIGH SIERRA HOTEL & CASINO			
AND ENGLY DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)	4A. CITY, STATE		48. ZIP CODE
50	Stateline, NV	SA SOCIAL SECURITY I	89449
SECURED PARTY		NO. OR WANK TRAN	SIT AND A.B.A. NO.
NAME IGT MAILING ADDRESS CITY Reno 520 So. Rock Blvd. STATE N	V ZIP CODE 89	88-006210	
ASSIGNEE OF SECURED PARTY (IF ANY)		GA. SOCIAL SECURITY I	O . FEDERAL TAX SIT AND A.B.A. NO.
NAME	< \		
MAILING ADDRESS	ZIP CODE		_
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