

**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>Consolidated Casinos Corp dba: HIGH SIERRA HOTEL &amp; CASINO</b>		1A. SOCIAL SECURITY OR FEDERAL TAX NO.
1B. MAILING ADDRESS <b>P. O. Box C</b>		1C. CITY, STATE <b>Stateline, NV</b>
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1D. ZIP CODE <b>89449</b>
		1F. CITY, STATE <b>Stateline, NV</b>
		1G. ZIP CODE <b>89449</b>

2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS		2C. CITY, STATE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2D. ZIP CODE
		2F. CITY, STATE
		2G. ZIP CODE

3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY) <b>HIGH SIERRA HOTEL &amp; CASINO</b>		3A. FEDERAL TAX NO.
4. DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY) <b>50</b>		4A. CITY, STATE <b>Stateline, NV</b>
		4B. ZIP CODE <b>89449</b>

5. SECURED PARTY NAME <b>IGT</b> MAILING ADDRESS CITY <b>Reno</b> STATE <b>NV</b> ZIP CODE <b>89502</b>		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. <b>88-0062109</b>
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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.
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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.

and secured party has a security interest in: **Two (2) 5045C, 5¢ S-Slots, S/N;s: 174897, 174898;**  
**Two (2) Tray Front S-Slot Stands and any other similar collateral hereafter acquired from IGT.**

**S/O 61241**

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	<input checked="" 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
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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
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10. (Date) <u>9-7</u> 19 <u>89</u> <b>Consolidated Casinos Corp. dba: HIGH SIERRA HOTEL &amp; CASINO</b> By: <u>Steven B Ballmaras</u> VICE PRESIDENT SIGNATURE(S) OF DEBTOR(S) (TITLE) <b>IGT Steven Ballmaras</b>	12. This Space for Use of Filing Officer (Date, Time, File Number and Filing Officer) <b>06936</b> REQUESTED BY <u>IGT</u> IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA <b>89 SEP 19 10:52</b> SUZANNE BEAUDREAU RECORDER <b>211116</b>
By: <u>L. A. Freeman</u> SIGNATURE(S) OF SECURED PARTY (IES) (TITLE) <b>Credit Manager</b>	

11. Return Copy to

NAME	IGT
ADDRESS	520 So. Rock Blvd.
CITY, STATE AND ZIP	Reno, NV 89502
	Attn: Configuration

THIS SPACE FOR USE OF FILING OFFICER