

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

2. ADDITIONAL DEBTOR (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) HIGH SIERRA HOTEL & CASINO		3A. FEDERAL TAX NO.
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY) Highway 50 at Stateline		4B. ZIP CODE 89449
		4A. CITY, STATE Stateline, NV

5. SECURED PARTY NAME IGT MAILING ADDRESS 520 So. Rock Blvd. CITY Reno STATE NV ZIP CODE 89502		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0062109
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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.
All of debtor's equipment, gaming equipment, gaming devices, and slot machines (hereinafter "equipment") described below and incorporated herein, now owned or hereafter acquired or delivered to debtor, together with all substitutions and replacements thereof and accessions thereto, together with all proceeds, proceeds of sale, cash proceeds, revenues, drop, net win, and proceeds of policies of insurance from said equipment.
CROSS INDEX AS REAL PROPERTY.
S/O 63220 : Two (2) B5045C, 5¢ S+ Slots; Two (2) S+ Slot Stands, S/N's: 180726, 180733

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 XXX 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) _____ 19____ Consolidated Casinos Corp. dba: HIGH SIERRA HOTEL & CASINO By: <u>Steven Ballmaras</u> VP SIGNATURE(S) OF DEBTOR(S) Steven Ballmaras (TITLE) IGT, A Nevada Corporation By: <u>[Signature]</u> Credit Manager SIGNATURE(S) OF SECURED PARTY (IES) (TITLE) J A Freeman	12. This Space for Use of Filing Officer (Date, Time, File Number and Filing Officer) 06943 REQUESTED BY IGT IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA '89 SEP 28 P1:55 RECORDED BY BEAUDREAU RECORDER 211924 \$11.00 PAID <u>K12</u> DEPUTY BOOK 989 PAGE 3920
11. <input checked="" type="checkbox"/> 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