

This FINANCING STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code.

1. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) DALE I. RISE		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 6655	
1B. MAILING ADDRESS RT 2, 1485 Shryock Ct.		1C. CITY, STATE Gardnerville, Nv.	
1E. RESIDENCE ADDRESS same		1F. CITY, STATE	
1D. ZIP CODE 89410		1G. ZIP CODE	
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) DONNA R. RISE		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] -1417	
2B. MAILING ADDRESS RT 2 1485 Shryock Ct.		2C. CITY, STATE Gardnerville, Nv.	
2E. RESIDENCE ADDRESS same		2F. CITY, STATE	
2D. ZIP CODE 89410		2G. ZIP CODE	
3. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
4. SECURED PARTY NAME NEVADA FIRST BANK MAILING ADDRESS P.O. BOX 1788 CITY GARDNERVILLE STATE NEVADA ZIP CODE 89410		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A B A NO. 88-0196792	
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A B A NO.	

6. 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 growing 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).

1977 H30B LOADER, SERIAL #3400 304 U 005 679X

6A. _____ SIGNATURE OF RECORD OWNER
 6B. _____ (TYPE) RECORD OWNER OF REAL PROPERTY
 6C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

7. 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 (Debtors Signature Not Required)	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction (Debtors Signature Not Required)
8. 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			

9. By: [Signature] (Date) October 6, 1989 19
 DALE I. RISE (TITLE) owner

By: [Signature]
 DONNA R. RISE (TITLE) owner

By: [Signature]
 LARRY S. LUTERICK (TITLE) MANAGER

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

06950

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

10. Return Copy to

NAME **NEVADA FIRST BANK**
 ADDRESS **P.O. BOX 1788**
 CITY, STATE AND ZIP **GARDNERVILLE, NV, 89410**

(1) FILING OFFICER COPY - ALPHABETICAL
 UNIFORM COMMERCIAL CODE FORM UCC-1 (REV 7-86)

Approved by the Nevada Secretary of State

BOOK **1089** PAGE **1146**

'89 OCT 11 P12:37

SUZANNE BEAUDREAU
 RECORDER

\$11.00 PAID K12 FILING FEES
 SERIALIZED INSTRUCTIONS

THIS SPACE FOR USE OF FILING OFFICER