

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) <u>Garside, Ronald E.</u>		1A. SOCIAL SECURITY OR FEDERAL TAX NO. <u>[REDACTED]-2737</u>	
1B. MAILING ADDRESS <u>P.O. BOX 2005</u>		1C. CITY, STATE <u>Gardnerville, NV</u>	1D. ZIP CODE <u>89410</u>
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) <u>1353 El Dorado Apt F</u>		1F. CITY, STATE <u>Gardnerville, NV</u>	1G. ZIP CODE <u>89410</u>

2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) <u>Garside, Pamela K.</u>		2A. SOCIAL SECURITY OR FEDERAL TAX NO. <u>571-96-5603</u>	
2B. MAILING ADDRESS <u>Same</u>		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 <u>Norwest Financial Nevada, Inc.</u>		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
MAILING ADDRESS <u>P.O. BOX 2549</u>		<u>Carson City, NV 89702</u>	
CITY <u>Carson City</u> STATE <u>NV</u> ZIP CODE <u>89702</u>			

6. ASSIGNEE OF SECURED PARTY (IF ANY)

NAME
MAILING ADDRESS
CITY STATE ZIP CODE

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

A Proceeds of collateral are also covered

B Products of collateral are also covered

C Proceeds of above described original collateral in which a security interest was perfected

D Collateral was brought into this State subject to security interest in another jurisdiction

9. (Date) 10-09 1989

Ronald Garside ; Pamela Garside

By: [Signature] ; [Signature]
SIGNATURE(S) OF DEBTOR(S) (TITLE)

Norwest Financial Nevada, Inc.

By: Mike Nowakowski Credit Mgr.
SIGNATURE(S) OF SECURED PARTY (S) (TITLE)

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

06955

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

11. **Return Copy to**

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

213210

BOOK 1089 PAGE 2208

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SUZANNE BEAUDREAU
 RECORDER

\$ 11.00 PAID K/g DEPUTY
 STANDARD FORM—FILING FEE \$2.00

THIS SPACE FOR USE OF FILING OFFICER