

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) Doyle Gina		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-9429	
1B. MAILING ADDRESS P.O. Box 1131		1C. CITY, STATE Gardnerville, NV	1D. ZIP CODE 89410
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 1412 Douglas Ave		1F. CITY, STATE Gardnerville, NV	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Cader Todd & T.		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-1783	
2B. MAILING ADDRESS same		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 Norwest Financial Nevada, Inc. MAILING ADDRESS P.O. Box 2549 CITY Carson City STATE NV ZIP CODE 89702		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
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.	

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 the debtors' household goods and sports/recreation equipment now located at the debtors' address shown above except those items prohibited by the Federal Trade Commission's Credit Practices Rule.
- (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 <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. (Date) 1/17 19 90

By: Gina Doyle Todd & T. Cader
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: Norwest Financial Nevada, Inc.
SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

By: J.R. Hildebrand, Credit Mgr.
SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

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

07003

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

90 JAN 22 P3:22

SUZANNE BEAUDREAU
RECORDER **218652**

\$ 11.00 PAID K10 DEPUTY

STANDARD FORM—FILING FEE \$2.00
BOOK **190** PAGE **3247**

11. Return Copy to

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

THIS SPACE FOR USE OF FILING OFFICER