

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

2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Garside, Pamela		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]5603	
2B. MAILING ADDRESS Same		2C. CITY, STATE	
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2F. CITY, STATE	
		2D. ZIP CODE	
		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 Nevada 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 <input checked="" type="checkbox"/> If Applicable	<input checked="" type="checkbox"/> Proceeds of collateral are also covered	<input type="checkbox"/> Products of collateral are also covered	<input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected	<input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction
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9. (Date) March 13, 1990 19__

By: Ronald E. Garside Pamela Garside
SIGNATURE(S) OF DEBTOR(S) (TITLE)

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

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

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

07040

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

11. Return Copy to

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

90 MAR 16 A10:41

SUZANNE BEAUDREAU
RECORDER **221957**

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BOOK **390** PAGE **1849**

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