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

1. DEBTOR (LAST NAME FIRST) Barker Donald A.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-0322	
1B. MAILING ADDRESS 1403 Jobs Peak		1C. CITY, STATE Gardnerville, NV	
1D. ZIP CODE 89410		1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) same	
1F. CITY, STATE		1G. ZIP CODE	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Barker Karen A.		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 2772	
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.		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
MAILING ADDRESS P.O. Box 2549			
CITY Carson City STATE NV ZIP CODE 89702			
6. ASSIGNEE OF SECURED PARTY (IF ANY)		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
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 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:

(1) Ultimate Comfort Queen size mattress  
 (1) #3576 World Star Daybed complete

7A. Maximum amount of indebtedness to be secured at any one time (OPTIONAL)  
 \$ \_\_\_\_\_

8. Check  if Applicable

<input checked="" type="checkbox"/> A Proceeds of collateral are also covered	<input type="checkbox"/> B Products of collateral are also covered	<input type="checkbox"/> C Proceeds of above described original collateral in which a security interest was perfected	<input type="checkbox"/> D Collateral was brought into this State subject to security interest in another jurisdiction
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THIS SPACE FOR USE OF FILING OFFICER

9. (Date) 3/26 1990

By: Donald A. Barker Karen A. Barker  
 SIGNATURE(S) OF DEBTOR(S) (TITLE)

Norwest Financial Nevada, Inc.

By: Dereck C. Bowlen, Asst Mgr. Dereck C. Bowlen  
 SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

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

**07050**

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

**90 MAR 28 A9:59**

SUZANNE BEAUDREAU  
 RECORDER **222649**

\$ 11.00 PAID K12 DEPUTY  
 STANDARD FILING FEE \$2.00  
 BOOK **390** PAGE **3357**

11. **Return Copy to**

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

(1) Filing Officer Copy - Numerical  
 UNIFORM COMMERCIAL CODE—FORM UCC-1

Approved by the Secretary of State