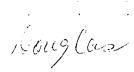
UNIFORM COMMERCIAL CODE-FORM UCC-1

UCC-1 D86 (NV) 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 pur DEBTOR (LAST NAME FIRST)	soull to the Nevada official	1 1A. SOCIAL SECURITY OR FEDERAL TAX NO
Strickland, James B. MAILING ADDRESS P.O. box 1971	1c. city, state Gardnerville, Nv.	-7393 1D. ZIP CODE 89410
E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 10)	1F. CITY, STATE	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO
Strickland, Patricia	2C. CITY, STATE	-2992
Same as above ce. Residence address (If an individual and different than 20)	2F. CITY, STATE	2G. ZIP CODI
3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY)		3A. FEDERAL TAX NO.
A. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)	4A. CITY, STATE	4B. ZIP CODI
. SECURED PARTY	/	5A. SOCIAL SECURITY NO., FEDERAL TAX
NAME Norwest Financial MAILING ADDRESS 1981 Highway 50 East CITY Carson City STATE Nevada	zip code 89702	NO. OR BANK TRANSIT AND A. B.A. NO
S. ASSIGNEE OF SECURED PARTY (IF ANY)		GA. SOCIAL SECURITY NO., FEDERAL TAX
NAME		NO. OR BANK TRANSIT AND A.B.A. NO
MAILING ADDRESS	\	
CITY STATE	ZIP CODE	
(b) The following property located in or about debtors' premises at their addr	7A. M	aximum amount of indebtedness to be cured at any one time (OPTIONAL.)
If Collateral are C origi	eeds of above described nal collateral in which curity interest was perfected	Collateral was brought into this State subject to security interest in another jurisdiction
(Date) April 11	19 <u>90</u> (Date,	Space for Use of Filing Officer Time, File Number and Filing Officer)
By: SIGNATURE(S) OF DEBTOR(S)	ricia Strickland	07056 lanos
By: Michael Worschaft. SIGNATURE (5) OF SECURED PARTY (185) (TI	Credit Manager	REQUESTED BY Orwost Financial IN OFFICIAL RECORDS OF BOUGLES CO. HEVADA
Return Copy to		
AME Norwest Financial DDRESS 1982 Highway 50 East DTY, STATE Carson City, Nevada 89702	224190	*90 APR 19 A10:55
	90 PAGE 2534	SUZARKI BEAUDREAU RECORDER
(1) Filing Officer Copy — Numerical		\$ // PAID K12 DEPUT
	etary of State	STANDARD FORM-FILING FEE \$2