

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 (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME ANKER, ALTON <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		1A. SOCIAL SECURITY OR FEDERAL TAX NO [REDACTED]-5065	
1B. MAILING ADDRESS P. O. Box 995		1C. CITY, STATE Minden, Nevada	1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS		1F. CITY, STATE	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME WILSON, GARY <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO [REDACTED]-6038	
2B. MAILING ADDRESS P. O. Box 995		2C. CITY, STATE Minden, Nevada	2D. ZIP CODE 89423
2E. RESIDENCE ADDRESS P. O. Box 1168		2F. CITY, STATE Gardnerville, Nevada	2G. ZIP CODE 89410

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME Valley Bank of Nevada MAILING ADDRESS P.O. Box 611 CITY Carson City STATE Nevada ZIP CODE 89702		4A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 94-72/1224
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.

6. 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 growing and name of record owner of such real estate; if fixtures, include description of real property to which affixed or to be affixed and name of record owner of such real estate; if oil, gas or minerals, include description of real property from which to be extracted).
One (1) Sakai Sheepsfoot Compactor, Model #SV91T, Serial Number 30594

6A. _____ SIGNATURE OF RECORD OWNER
N/A

6B. _____ (TYPE) RECORD OWNER OF REAL PROPERTY

6C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

7. Check <input checked="" type="checkbox"/> If Applicable	A <input 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 (Debtors Signature Not Required)	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction (Debtors Signature Not Required)
8. Check <input checked="" type="checkbox"/> If Applicable	<input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403			

9. _____ (Date) April 25 1990

By: ALTON ANKER *[Signature]* (TITLE)

By: GARY WILSON *[Signature]*
Valley Bank of Nevada

By: *[Signature]* (TITLE)
Janet Andraski Com'l Loan Officer

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

07062

REQUESTED BY
Valley Bank of Nevada
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

10. Return Copy to
Valley Bank of Nevada
P.O. Box 611
Carson City, NV 89701
Attention: MARCIA THORPE
312MT127/04240/1N

90 APR 30 AM 11:17

SUZANNE BEAUDREAU
RECORDER 224897

\$11.00 PAID *[Signature]* DEPUTY
BOOK 490 PAGE 4032

FILING FEES
SEE INSTRUCTIONS

THIS SPACE FOR USE OF FILING OFFICER