

UCC-1 DB6 (NV) STATE OF NEVADA
UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—FORM UCC-1
IMPORTANT—Read instructions on back before filling out form

#771 *Nevada City*

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

1. DEBTOR (LAST NAME FIRST) Simpson, Michael		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-0488	
1B. MAILING ADDRESS P.O. Box 2764		1C. CITY, STATE Stateline Nevada	1D. ZIP CODE 89449
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 3583 Betty Rae #1		1F. CITY, STATE Stateline Nevada	1G. ZIP CODE 89449
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Amy L. Kilgore		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]0426	
2B. MAILING ADDRESS Same		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) Same		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 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)
\$ _____

B. 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
---	--	---	--

9. (Date) Oct. 11, 1990 19__

By: Michael D. Simpson Amy L. Kilgore
SIGNATURE(S) OF DEBTOR(S) (TITLE)

Norwest Financial Nevada, Inc.

By: Steve Claridge - Credit Manager Steve Claridge
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

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

07164

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 Carson City NV 89702
 AND ZIP

236760

90 OCT 16 10:52

SUZANNE BEAUDREAU
 RECORDER
 \$11.00 PAID *K12* DEPUTY
 STANDARD FORM—FILING FEE \$2.00

THIS SPACE FOR USE OF FILING OFFICER