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## UCC-1 D86 (NV) STATE OF NEVADA UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—FORM UCC-1 IMPORTANT—Read instructions on back before filling out form

Douglas

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This FINANCING STATEMENT is presented for filing . DEBTOR (LAST NAME FIRST) Harris, Russell C.	g pursuant to the Nevada on	A. SOCIAL SECUR	1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
B. MAILING ADDRESS	1C. CITY, STATE	NV	1D. ZIP CODE 89448	
P.O. BOX 10706  E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 18)	Zephyr Cove	14.0	1G. ZIP CODE	
2504 Alma	So. Lake Ta	hoe, CA	95729	
ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)	~	2A. SOCIAL SECU	RITY OR FEDERAL TAX NO.	
B. MAILING ADDRESS	2C. CITY, STATE		2D. ZIP CODE	
E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 28)	2F. CITY, STATE		2G. ZIP CODE	
DEBTOR (S) TRADE NAME OR STYLE (IF ANY)		3A. FEDERAL TA	X NO.	
ADDRESS OF DEBTOR (S) CHIEF PLACE OF BUSINESS (IF ANY)	4A. CITY, STATE		4B, ZIP CODE	
SECURED PARTY			RITY NO., FEDERAL TAX TRANSIT AND A.B.A. NO.	
NAME Norwest Financial Nevada, INc. MAILING ADDRESS P.O. BOX 2549	ia <sub>zip code</sub> 8970			
CITY Carson City STATE NEVAC	Id ZIP CODE OSA		RITY NO., FEDERAL TAX	
NAME			TRANSIT AND A.B.A. NO.	
MAILING ADDRESS CITY STATE	ZIP CODE			
(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.)  \$		
Check X Proceeds of collateral are also covered B Products of collateral are also covered	Proceeds of above described original collateral in which a security interest was perfected	Collateral was I subject to securi jurisdiction	prought into this State ty interest in another	
(Date) Oct. 1		This Space for Use of Fili Date, Time, File Number a		
Russell C. Harris			0716	
By: Parisell Hon?				
Norwest Financial Nevada, INC.	(TITLE)			
By: J.R. Hildebrand - Credit Manager  SIGNATURE(S) OF SECURED PARTY (185)	// L	Dorwes.	1 Den 40	
Return Copy to	,,	/IN OFFICIAL DOUGLAS C		
ME Norwest Financial DRESS P.O. Box 2549 TY, STATE CArson City NV 89702	·	90 OCT 19	A9:35 R	
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IAL Filler Officer Come. 'Alimination		1000	You provide	

(1) Filing Officer Copy - Numerical

UNIFORM COMMERCIAL CODE-FORM UCC-1

Approved by the Secretary of State

STANDARD FORM-FILING FEE \$2.00