REORDER FROM
Registré, Inc
Bla Pience St.
P.O. HOX 216
ANOKA, MN, 55302
(5191 471.121

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

DEBTOR (ONE NAME ONLY) CI LEGAL BUSINESS NAME CI INDIVIDUAL (LAST NAME FIRST	OYNER, JUSTIN R.			1A, sodial security	
MAILING ADDRESS	4 J, 74 KD.	1C, CITY, ST			1 D, ZIP COD
	TLAND KOAD	GARDNERV		NV	89410
RESIDENCE ADDRESS		1F. CITY, ST	ATE		1 G. ZIP COD
ADDITIONAL DEBTOR (IF ANY) IONE LEGAL BUSINESS NAME INDIVIDUAL (LAST NAME FIRST	•			2A SOCIAL SECURITY	
MAILING ADDRESS C	L ZZ = KJ. TLAND ROAD	2C. CITY. ST		NV	2D. zip cod 894 10
RESIDENCE ADDRESS	TCARD ROAD	2F. CITY. ST			2G, ZIP COD
ADDITIONAL DEBTOR(S) ON	ATTACHED SHEET			- 1	
SECURED PARTY NAME THE CH	AMPIONS REALESTATE &	мн		4A, SOCIAL SECURITY NO. OR BANK THA	HO., FEDERAL TAX HSIT AND A,B,A, HO,
MAILING ADDRESS3300 H					
CARSON			cop ₈ 9706		/_/
ASSIGNEE OF SECURED PARTY (IF	ANY GREEN TREE ACCEPTA	ANCE, INC.	1 1	5A, SOCIAL SECURITY	NO., FEDERAL TAX HSIT AND A.B.A. NO,
MAILING ADDRESS 1830 E		ΓE 220)]	- (
CITY LAS VE	GAS STATE	NV zir	COD 89104		
NOT LIMITED TO TH	NITURE, FIXTURES, APP		MAD ILLEVE	10 TIACTODING	
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