UCC-1 D86 (NV)

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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	mumuma an ahn Navon	a Uniform Commorate	rl Codo
DEBTOR (LAST NAME FIRST)	pursuant to the Nevad		SECURITY OR FEDERAL TAX NO.
Crawford Thomas			-6915
B. MAILING ADDRESS	IC, CITY, STATE	<	1D. ZIP CODE
921 MONUMENTPeak REBIDENCE ADDRL B (IF AN INDIVIDUAL AND DIFFERENT THAN 18)	Gardnervill	e, NV	89410
Same		\	
ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL	SECURITY OR FEDERAL TAX NO.
Crawford Tamara			-7216
3. MAILING ADDRESS	2C. CITY, STATE	\	2D. ZIP CODE
Same	2F, CITY, STATE		2G, ZIP CODE
Same			. \
DEBTOR (8) TRADE NAME OR STYLE (IF ANY)		3A. FEDER	AL TAX NO.
ADDRESS OF DESTOR (S) CHIEF PLACE OF BUSINESS (IF ANY)	4A, CITY, STATE		4B, ZIP CODE
National of Debies (o) differ that of Bookers (if Art)	JA. CITI, BIAIL	\	AB. ZIP COOR
SECURED PARTY			SECURITY NO., FEDERAL TAX BANK TRANSIT AND A.B.A. NO.
NAME NORWEST Financial Inc. MAILING ADDRESS PO BOX 2549 CITY Carson City STATE NV	ZIP CODE		
ABBIGNEE OF SECURED PARTY (IF ANY)		6A. SOCIAL	SECURITY NO., FEDERAL TAX BANK TRANSIT AND A.B.A. NO.
NAME	\ \ /		
MAILING ADDRESS	ZIP CODE		
	))	\$	e time (OPTIONAL)
If collateral are C collateral are	Proceeds of above described original collateral in which a security interest was perfect	subject to se	vas brought into this State ocurity interest in another
(Date)	2-15- <sup>19</sup> 91	10. This Space for Use of (Date, Time, File Numb	
By: SIGNATURE(S) OF DEBTOR(S)  Tamare	ara Crawford  1. Seafer  (TITLE)		07237
Michael Nowahowh. Ceed. Manager  By: Michael Nowakowski Credit Manager  SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)  Return Conv. to		REQUESTION OF FICIAL ROUGLAS FO	ED BY ECORDS OF HEVADA
Return Copy to  Norwest Financial Inc. RESS PO Box 2549	7		A10 :44
Y, STATE Carson City, NV 89702		SUZANKE BI RECOI	EAUDREAU RDER 24506
1) Filing Officer Copy — Numerical  NIFORM GOMMERCIAL GODE—FORM UGG-1  Approved by the	Secretary of State	SI PAID 1	O DEPUTY  FORM—FILLING FEE \$2.0  OX 291 PAGE 20