UNIFORM COMMERCIAL CODE-FINANCING STATEMENT-FORM UCC-1 IMPORTANT-Read instructions on back before filling out form	0 0 0	0 0 0	o o
This FINANCING STATEMENT is presented for filing p	oursuant to the Nevada Unifor		
1. DEBTOR (LAST NAME FIRST)		1A. SOCIAL SECURITY OF F	
STEVE SHAFFER DBA SHAFFER CONSTRUCTION 1B. MAILING ADDRESS	IC. CITY, STATE	1/91	1D. ZIP CODE
2512 East Valley Rd.	Minden, NV		89423
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1.)	1F. CITY, STATE	^	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A, SOCIAL SECURITY OR F	EDERAL TAX NO.
2B. MAILING ADDRESS	2C. CITY, STATE		2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 20)	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		SA. SOCIAL SECURITY NO.,	FEDERAL TAX AND A.B.A. NO.
NAME First Interstate Bank of Nevad Mailing Address P. O. Box 68	la, N.A.	94-41/121	12
CITY Minden STATE NV 6. ASSIGNEE OF SECURED PARTY (IF ANY)	zip code 8942	6A. SOCIAL SECURITY NO.	FEDERAL TAX
NAME	/ \ \	HO, OR BANK TRANSIT	
MAILING ADDRESS			THIS THE
7. This FINANCING STATEMENT covers the following types or items of property (if cro	ZIP CODE		ې دې
1 - 14" High Res VGA Monitor with Tilt Swivel Ba 1 - VGA 16-Bit Graphics Adapter, MS-DDS 3.3, Ful 1 - MS DDS 3.3, 200 Watt Power Supply, 101-Key 1 - AMT Accel-500 Printer Plotter, A-C Size Plot 1 - GTCO 12"X12" Digitizer, with 4 button puck c	1 200 Watt. Enhanced Keyboard. s with parallel cent. ables, Power Supply,	Autocad driver	FFICER
78	BE SECURED	OUNT OF INDEBTEDNESS T AT ANY ONE TIME IOPTION	ign
If A A collateral are B collateral are C ori	oceeds of above described ginal collateral in which ecurity interest was perfected	Collateral was brough subject to security into furisdiction	nt into this State erest in another
Applicable also covered also covered as 9. Check X If Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.2		luttaktion	
(Date) March 1		or Use of Filing Officer le Number and Filing Officer	02250
STEVE SHAFFER DBA SHAFFER CONSTRUCTION			
BY SIGNATURATE SOF DESTROYS: FIRST INTERSTATE BANK OF NEVADA, N.A.	(TITLE)	25015675	n av
	r Manager	REQUESTE	3.
M. L. Menesing ORE (S) OF SECURED PARTY (IES)	(TITLE)	IN OFFICIAL REDOUGLAS CO.	HEVADA
\ \tag{\tau}		'91 MAR 15 A	40 :40
MAME First Interstate Bank of Nevada, N.A. ADDRESS P. O. Box 68	24661:	1 6077500 00	AHORFAII
AND ZIP Minden, NV 89423		KECOR	DER //
(1) FILING OFFICER CORY, ALBUARETICAL	800K 391 PAGE 1795	\$ 1100 PAIL	DEPUTY