

Douglas

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

1. DEBTOR (LAST NAME FIRST - IF AN INDIVIDUAL) Cooper, David G		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 119	
1B. MAILING ADDRESS 356 Galaxy Ln. (PO box 6253)		1C. CITY, STATE Stateline, NV	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST - IF AN INDIVIDUAL)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	
2D. ZIP CODE		3A. FEDERAL TAX NUMBER	
3. DEBTOR'S TRADE NAMES OR STYLES (IF ANY)		4. SECURED PARTY	
NAME Auburn Outboard Service, Inc		4A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
MAILING ADDRESS PO Box 7963		CITY Auburn STATE CA ZIP CODE 95604	
5. ASSIGNEE OF SECURED PARTY (IF ANY)		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
NAME John Deere Company		MAILING ADDRESS PO box 65090	
CITY W. Des Moines STATE Iowa ZIP CODE 50265		6. This FINANCING STATEMENT covers the following types or items of property (include description of real property on which located and owner of record when required by instruction 4).	

M 1-1990 Johnson 40hp. outboard motor
 910691753330CEN mod: V9 40TLES
 10-004-002-0519541119-00 ser: 02579808

7. CHECK IF APPLICABLE <input checked="" type="checkbox"/>	7A. PRODUCTS OF COLLATERAL ARE ALSO COVERED <input type="checkbox"/>	7B. DEBTOR(S) SIGNATURE NOT REQUIRED IN ACCORDANCE WITH INSTRUCTION 5(A) ITEM: <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4)
8. CHECK IF APPLICABLE <input checked="" type="checkbox"/>	DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH UCC § 9105 (1) (N) <input type="checkbox"/>	

9. SIGNATURE(S) OF DEBTOR(S) David G. Cooper	DATE: 4/6/91
TYPE OR PRINT NAME(S) OF DEBTOR(S) David G. Cooper	
SIGNATURE(S) OF SECURED PARTY(IES) Gina Mackey for Auburn Outboard Service, Inc	
TYPE OR PRINT NAME(S) OF SECURED PARTY(IES) Gina Mackey for Auburn Outboard Service, Inc	

10. THIS SPACE FOR USE OF FILING OFFICER (DATE, TIME, FILE NUMBER AND FILING OFFICER)
07254
REQUESTED BY National Filing Serv IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA
91 APR 19 AM 10:01
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11. Return copy to:

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ADDRESS <input checked="" type="checkbox"/>	2 Corporate Place Suite 100
CITY <input checked="" type="checkbox"/>	1501 42nd Street
STATE <input checked="" type="checkbox"/>	West Des Moines, Ia 50265-1005
ZIP CODE <input checked="" type="checkbox"/>	50265

(1) FILING OFFICER COPY FORM UCC-1 - FILING FEE \$5.00 Approved by the Secretary of State