

UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—FORM UCC-1
IMPORTANT—Read instructions on back before filling out form

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

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|--|--|---|--|
| 1. DEBTOR (LAST NAME FIRST) RIVERA, TONY R. | | 1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 2089 | |
| 1B. MAILING ADDRESS PO BOX 1017 | | 1C. CITY, STATE MINDEN NEVADA | |
| 1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) MINDEN | | 1F. CITY, STATE MINDEN NEVADA | |
| | | 1D. ZIP CODE 89423 | |
| | | 1G. ZIP CODE | |

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| 2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) | | 2A. SOCIAL SECURITY OR FEDERAL TAX NO. | |
| 2B. MAILING ADDRESS | | 2C. CITY, STATE | |
| 2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) | | 2F. CITY, STATE | |
| | | 2D. ZIP CODE | |
| | | 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 | |

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|--|--|---|--|
| 5. SECURED PARTY NAME NORWEST FIANCIAL NEVADA, INC. MAILING ADDRESS CITY STATE ZIP CODE | | 5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A. D. A. NO. | |
|--|--|---|--|

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| 6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE | | 6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A. D. A. NO. | |
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7. This FINANCING STATEMENT covers the following types or items of property (if crops or timber, include description of real property on which growing or to be grown, if fixtures, include description of real property to which affixed or to be affixed; if oil, gas or minerals, include description of real property from which to be extracted).

THE PARAGRAPHS CHECKED BELOW DESCRIBE THE PROPERTY COVERED BY THIS FINANCING STATEMENT:

- (a) All of the debtors' household goods and sports/recreation equipment now located at the debtors' address shown above except those items prohibited by the Federal Trade Commission's Credit Practices Rule.
- (b) The following property located in or about debtors' premises at their address set forth above:

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| 7A. Maximum amount of indebtedness to be secured at any one time (OPTIONAL) \$ |
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| | | | | |
|--|---|--|---|--|
| 8. Check <input checked="" type="checkbox"/> if Applicable | A <input checked="" type="checkbox"/> Proceeds of collateral are also covered | B <input type="checkbox"/> Products of collateral are also covered | C <input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected | D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction |
|--|---|--|---|--|

9. (Date) May 18, 1991

Tony R. Rivera

By: Tony R. Rivera (SIGNATURE(S) OF DEBTOR(S)) (TITLE)

Norwest Financial Nevada, Inc.

By: Glen A. Chapin Branch Manager (SIGNATURE(S) OF SECURED PARTY (IES)) (TITLE)

10. This Space for Use of Filing Officer
(Date, Time, File Number and Filing Officer)

07285

REQUESTED BY
Norwest Financia /
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

91 JUL -1 11:03

SUZANNE BEAUDREAU
RECORDER **254271**

\$10.00 PAID KE DEPUTY

STANDARD FORM—FILING FEE \$2.00
BOOK **791** PAGE **112**

11. Return Copy to

| | |
|---|---|
| NAME ADDRESS CITY, STATE AND ZIP | NORWEST FINANCIAL NEVADA PO BOX 2549 CARSON CITY NV 89702 |
|---|---|

THIS SPACE FOR USE OF FILING OFFICER