

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

DOUGLAS

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

| | | | |
|--|--|---|--|
| 1. DEBTOR (LAST NAME FIRST) MILES, WALTER N. | | 1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-4059 | |
| 1B. MAILING ADDRESS 1321 Porter Dr. | | 1C. CITY, STATE Minden Nevada | |
| 1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) Same | | 1D. ZIP CODE 8942 | |
| 2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Miles, Sheila R. | | 2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-4257 | |
| 2B. MAILING ADDRESS Same | | 2C. CITY, STATE | |
| 2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) Same | | 2D. ZIP CODE | |
| 3. DEBTOR (S) TRADE NAME OR STYLE (IF ANY) | | 2F. CITY, STATE | |
| 4. ADDRESS OF DEBTOR (S) CHIEF PLACE OF BUSINESS (IF ANY) | | 3A. FEDERAL TAX NO. | |
| 5. SECURED PARTY NAME Norwest Financial Nevada, Inc. MAILING ADDRESS P.O. Box 2549 CITY Carson City STATE Nevada ZIP CODE 89702 | | 4A. CITY, STATE | |
| 6. ASSIGNEE OF SECURED PARTY (IF ANY) | | 4B. ZIP CODE | |
| NAME MAILING ADDRESS CITY STATE ZIP CODE | | 5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. | |
| NAME MAILING ADDRESS CITY STATE ZIP CODE | | 6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. | |

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:

7A. Maximum amount of indebtedness to be secured at any one time (OPTIONAL)

\$ _____

8. Check if Applicable

A Proceeds of collateral are also covered

B Products of collateral are also covered

C Proceeds of above described original collateral in which a security interest was perfected

D Collateral was brought into this State subject to security interest in another jurisdiction

9. (Date) July 30, 19 91

By: Walter N. Miles Sheila R. Miles
SIGNATURE(S) OF DEBTOR(S) (TITLE)

Norwest Financial Nevada, inc.

By: J.R. Hildebrnad - Asst. Mngr.
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

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

07300

REQUESTED BY
Norwest Financial
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'91 AUG -6 A10:39

SUZANNE [REDACTED] 257015
RECORDED

\$11.00 PAID K2 DEPUTY
BOOK 891 PAGE 599

11. Return Copy to

NAME NORWEST FINANCIAL
 ADDRESS P.O. BOX 2549
 CITY, STATE CARSON CITY NV 89702
 AND ZIP

THIS SPACE FOR USE OF FILING OFFICER