

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.

1. DEBTOR (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME WINANS FURNITURE OF MINDEN, INC., a Nevada Corporation <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 88-0248029	
1B. MAILING ADDRESS P. O. Box 2748 2830		1C. CITY, STATE Minden, Nevada	
1E. RESIDENCE ADDRESS 1770 Highway 395		1F. CITY, STATE Minden, Nevada	
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	
2E. RESIDENCE ADDRESS		2F. CITY, STATE	
3. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
4. SECURED PARTY NAME Valley Bank of Nevada MAILING ADDRESS P. O. Box 611 CITY Carson City STATE Nevada ZIP CODE 89702		4A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 94-72/1224	
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
6. 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 growing and name of record owner of such real estate; if fixtures, include description of real property to which affixed or to be affixed and name of record owner of such real estate; if oil, gas or minerals, include description of real property from which to be extracted). All of debtor's inventory, wherever located, and all additions, replacements, work in process, raw materials, substitutions and accessions thereto, now owned or hereafter acquired, together with all general intangibles relating to or arising from any of the foregoing, and all cash and non-cash proceeds thereof, including, but not limited to proceeds of policies of insurance.			
6A. _____ SIGNATURE OF RECORD OWNER N/A		6C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)	
6B. _____ (TYPE) RECORD OWNER OF REAL PROPERTY			
7. 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 (Debtors Signature Not Required)
	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction (Debtors Signature Not Required)		
8. Check <input checked="" type="checkbox"/> if Applicable	<input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403		

9. **WINANS FURNITURE OF MINDEN, INC., a Nevada Corporation** (Date) **October 24 91**

By: *James W. Winans* President
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: *Loren M. Morford* Com'l Loan Officer
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

Valley Bank of Nevada
TYPE NAME(S)

By: *Loren M. Morford*
SIGNATURE(S) OF SECURED PARTY(IES)

10. Return Copy to
 Valley Bank of Nevada
NAME P. O. Box 611
ADDRESS Carson City, NV 89702
CITY, STATE Attention: Marcia Thorpe
AND ZIP 312MT032/10231/1RL

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

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REQUESTED BY
Valley Bank of Nevada
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

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