

IMPORTANT

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

1. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Winter, Greg B.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 3090	
1B. MAILING ADDRESS 649 Long Valley Road		1C. CITY, STATE Gardnerville, NV	
1E. RESIDENCE ADDRESS		1F. CITY, STATE	
1D. ZIP CODE 89410		1G. ZIP CODE	
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	
2D. ZIP CODE		2G. ZIP CODE	
3. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
4. SECURED PARTY NAME Nevada Banking Company MAILING ADDRESS 1374 Highway 395 North CITY Gardnerville STATE NV ZIP CODE 89410		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A B A NO 88-0170659	
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). ADVANCED SPA DESIGN, A MERCURY MODEL IN NAVY BLUE, ALL ACCESSIONS, ADDITIONS, REPLACEMENTS, SUBSTITUTIONS AND RECORDS OF ANY KIND RELATING TO ANY OF THE FOREGOING: whether owned now or acquired later; all accessions, additions, replacements, and substitutions; all records of any kind relating to any of the foregoing; all proceeds (Including Insurance, general intangibles and accounts proceeds).			
6A. _____ SIGNATURE OF RECORD OWNER		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 checked="" 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 type="checkbox"/> if Applicable <input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403		

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) May 6, 19 92

By: [Signature]  
SIGNATURE(S) OF DEBTOR(S) (TITLE)

Greg B. Winter  
TYPE NAME(S)

By: [Signature] Asst. Branch Manager  
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

Susan C. Potter  
TYPE NAME(S)

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

**07423**

REQUESTED BY  
Nevada Banking Co  
IN OFFICIAL RECORDS OF  
ESSEX AS CO. NEVADA

**'92 MAY 11 AM 1:00**

SUSANNE B. AUBREAU  
RECORDER **278287**

\$10<sup>00</sup> PAID K2 DEPUTY

BOOK **592** PAGE **1584**

10. **Return Copy to**

NAME Nevada Banking Company  
ADDRESS 1374 Highway 395, North  
CITY, STATE Gardnerville, NV 89410  
AND ZIP

(1) FILING OFFICER COPY - ALPHABETICAL  
UNIFORM COMMERCIAL CODE FORM UCC-1 (REV. 7-86)

Approved by the Nevada Secretary of State

FILING FEES SEE INSTRUCTIONS