

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 (LAST NAME FIRST) OMNES, DARRIN		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 7445	
1B. MAILING ADDRESS PO BOX 2353		1C. CITY, STATE MINDEN NV	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 683 LONGVALLEY DR		1F. CITY, STATE MINDEN NV	
1D. ZIP CODE 89423		1G. ZIP CODE	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) OMNES, CINDY		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS SAME		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		5. SECURED PARTY	
NAME NORWEST FINANCIAL NEVADA, INC.		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
MAILING ADDRESS 1982 HWY 50 EAST			
CITY CARSON CITY STATE NV ZIP CODE 89701			
6. ASSIGNEE OF SECURED PARTY (IF ANY)		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
NAME			
MAILING ADDRESS			
CITY STATE ZIP CODE			

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 <input checked="" type="checkbox"/> If Applicable	<input checked="" type="checkbox"/> Proceeds of collateral are also covered	<input type="checkbox"/> Products of collateral are also covered	<input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected	<input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction
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9. (Date) JULY 6 1992

DARRIN OMNES CINDY OMNES

By: DARRIN OMNES CINDY OMNES
SIGNATURE(S) OF DEBTOR(S) (TITLE)

NORWEST FINANCIAL NEVADA, INC.

By: ROB KOWALSKI - CREDIT MGR.
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

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

07453

REQUESTED BY
Norwest Financial
IN DEPARTMENT RECORDS OF
BUREAU OF COMMERCE, NEVADA.

11. Return Copy to

NAME ADDRESS CITY, STATE AND ZIP
NORWEST FINANCIAL
1982 HWY 50 EAST
CARSON CITY NV 89701

'92 JUL 13 A10:37

RECORDED 283208

PAID \$11.00 DEPUTY

BOOK 792 PAGE 1786

STANDARD FORM-FILING FEE \$2.00

THIS SPACE FOR USE OF FILING OFFICER