

UCC-1'088 (NV) STATE OF NEVADA
 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) ROGNEY, PETER		1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
1B. MAILING ADDRESS PO BOX 229		1C. CITY, STATE GENOA NV	1D. ZIP CODE 89411
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 2120 FISHSRING RD		1F. CITY, STATE GENOA NV	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2F. CITY, STATE	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. MAILING ADDRESS: 1982 HWY 50 EAST CITY: CARSON CITY STATE: NV ZIP CODE: 89701		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
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.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:			
<input checked="" type="checkbox"/> (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.			
<input type="checkbox"/> (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	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

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) **DECEMBER 28 19 92**

By: *[Signature]* PETER ROGNEY (TITLE)

By: *[Signature]* TRACY KRUK CSR (TITLE)

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

07517

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

93 JUN 11 AM 10:03

SUZANNE BEAUDREAU
 RECORDER **297049**
 PAID *ka* DEPUTY
 BOOK **193** PAGE **1074**

11. Return Copy to

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