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

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

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1. DEBTOR (ONE NAME ONLY) DIEGAL BUSINESS NAME DIMDIVIDUAL (LAST NAME FIRST) Boeche, Steve H.				1A. SOCIAL SECURITY OR FEDERAL TAX NO7761		
18. MAILING ADDRESS 1750 Highway 395	```		IC. CITY. STATE Minden, Nevada	^	1 D. ZIP CODE 89423	
1E. RESIDENCE ADDRESS 303 Elks Point Roa	d		IF. CITY. STATE Zephyr Cove, Nevad	a (\	1 G, ZIP CODE 89448	
2. ADDITIONAL DEBTOR (IF ANY) ELEGAL BUSINESS NAM XXXINDIVIDUAL (LAST NAME	É	·		2A. SOCIAL SECURIT	Y OR FEDERAL TAX NO.	
2B. MAILING ADDRESS 1750 Highway 395	rinary booting would be		C. CITY. STATE Minden, Nevada		2D, ZIP CODE 89423	
2E. RESIDENCE ADDRESS 303 Elks Point Roa	d		ZF. CITY. STATE Zephyr Cove, Neva	da	2G. ZIP CODE 89448	
3. ADDITIONAL DEBTOR(S	ON ATTACHED SHEET	L		7		
4. SECURED PARTY		· · · · · · · · · · · · · · · · · · ·			TY NO., FEDERAL TAX	
NAME E	Bank of America Nevada	_		NO. OR BANK T	RANSIT AND A.B.A. NO.	
MAILING ADDRESS	P.O. Box 98600	vada	89193-8600	94-72/1	224	
CITY	as Vegas Ne	voua	ZIP CODE			
5. ASSIGNEE OF SECURED PART	IY (IF ANY)		/ /	5A. SOCIAL SECURI	TY NO. FEDERAL TAX	
NAME			1 . 1	NO. ON BARK II	ANSIT AND A S A. NO.	
MAILING ADDRESS)		_	
CITY	STATE STATEMENT covers the following typ		ZIP CODE			
GA	SIGNATURE OF RECORD OWNER	\	C. S MAXIMUM A	MOUNT OF INDEBTEONE:	\$\$ TO	
	PEI RECORD OWNER OF REAL PROPERTY		DE SECONE	DATANTONE TIME (OF	IONALI	
7. Check X Proceed collater also cav	ol are BLXX collateral are	C original a securit	of above described collateral in which y interest was perfected water Not Required		ought into this State interest in another Required)	
8. Check X if DESTOR Applicable	IS A "TRANSMITTING UTILITY" IN ACCORDANG	CE WITH NRS 704.205 A	ND NRS 104.9403			
g. Steve H. Boeche and	Kathleen Boeche (Dote)	2		e for Use of Filing Officer File Number and Filing Of	ficer)	
Steve H. Boechsignature	S) OF DEBTOR(S) Kathleen	Boeche Plan	E)		07552	
Bank of America Nev		<u></u>		•		
By: Commercial Loan Officer SIGNATURE(S) OF STEWNED PARTY(IES) (TITLE) Gino Del Carlo				REQUESTED A		
TYPE NAME				IN OFFICIAL REC DOUGLAS COF	OKUS UP	
Bank of Ameri P.O. Box 9860 Annuace Las Vegas, N	00 / 89193-8600	7 .	·	93 HAR 31 A11	:19	
CITY STATE SBA Lending	- S-818-50-3 45504 30 08LV	1		SUZAMIC BEAL RECORDE	R 303427	
L	V . AI DUADETICAI		•	\$1 PAIU K2	DEPUTY	

(1) FILING OFFICER COPY - ALPHABETICAL UNIFORM COMMERCIAL CODE-FORM UCC-1 (Rev. 7-85) — M-019-04-036 (2/87) Approved by the Nevada Secretary of State

BOOK 393 PAGE 6125

FILING FEES SEE INSTRUCTIONS