

UCC-1 D86 (NV) **STATE OF NEVADA**
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) HUNT, WALTER		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 1955	
1B. MAILING ADDRESS PO BOX 1664		1C. CITY, STATE GARDNERVILLE NV	1D. ZIP CODE 89410
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	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 MAILING ADDRESS: 3861 S. CARSON ST 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:

- (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	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
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9. (Date) **SEPTEMBER 22 1993**

By: WALTER HUNT
Walter C Hunt (SIGNATURE(S) OF DEBTOR(S)) (TITLE)
NORWEST FINANCIAL
 By: TRACY KRUK CSR
Tracy Kruk (SIGNATURE(S) OF SECURED PARTY(IES)) (TITLE)

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

07644

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

93 OCT -7 NO:13

SUBMITTED TO
 RECORDER
 \$150 PAID *Bh* DEPUTY

11. **Return Copy to**
 NAME: **NORWEST FINANCIAL**
 ADDRESS: **3861 S. CARSON ST**
 CITY, STATE AND ZIP: **CARSON CITY NV 89701**

319550

BOOK 1093:Pg 0907

Approved by the Secretary of State _____

THIS SPACE FOR USE OF FILING OFFICER