

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) KINCAID, STEVEN R.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 7960	
1B. MAILING ADDRESS 1693 KISS LN		1C. CITY, STATE MINDEN NEVADA	
1D. ZIP CODE 89423		1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) SAME	
1F. CITY, STATE		1G. ZIP CODE	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) KINCAID, LINDA		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 6920	
2B. MAILING ADDRESS SAME		2C. CITY, STATE	
2D. ZIP CODE		2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) SAME	
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.		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
MAILING ADDRESS 3861 SO CARSON ST			
CITY CARSON CITY STATE NEVADA		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)

\$ _____

B. 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) JULY 28, 1993

By: STEVEN R. KINCAID LINDA R. KINCAID
Steven Kincaid *Linda R. Kincaid*
 SIGNATURE(S) OF DEBTOR(S) (TITLE)

NORWEST FINANCIAL-NEVADA, INC.

By: J.R. Hildebrand - Branch Manager
J.R. Hildebrand
 SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

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

07648

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

11. Return Copy to

NAME NORWEST FINANCIAL
 ADDRESS 3861 SO CARSON ST
 CITY, STATE AND ZIP CARSON CITY NV 89701

93 OCT 11 10:40

SUZANNE BEAUDREAU
RECORDER

319761

PAID DEPUTY

THIS SPACE FOR USE OF FILING OFFICER