

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) BARR, BETTY		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 0335	
1B. MAILING ADDRESS PO BOX 1873		1C. CITY, STATE MINDN NEVADA	1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 740 HORNET		1F. CITY, STATE MINDEN NEVADA	1G. ZIP CODE 89423

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 SO CARSON ST CITY CARSON CITY STATE NEVADA 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:

1- VCR

7A. Maximum amount of indebtedness to be secured at any one time (OPTIONAL)
\$ _____

B. Check 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
---	--	---	--

9. (Date) Dec 15, 1993

BETTY BARR

By: Betty Barr (SIGNATURE(S) OF DEBTOR(S)) (TITLE)
NORWEST FINANCIAL Nevada

By: [Signature] (SIGNATURE(S) OF SECURED PARTY(IES)) (TITLE)

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

07687

REQUESTED BY
Norwest Financial
IN OFFICIAL RECORDS OF
DOH AS OF NEVADA

11. Return Copy to

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

325494

'93 DEC 20 P1:18

SUZANNE BLANCHARD
RECORDER

\$15.00 PAID Kg DEPUTY

THIS SPACE FOR USE OF FILING OFFICER