

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) LAMB, STANTON		1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
1B. MAILING ADDRESS PO BOX 2306		1C. CITY, STATE MINDEN, NV	1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 688 LONGVALLEY ROAD		1F. CITY, STATE GARDNERVILLE, 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.	
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4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)		4A. CITY, STATE	4B. ZIP CODE
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5. SECURED PARTY		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
NAME	NORWEST FINANCIAL NEVADA, INC.		
MAILING ADDRESS	3861 S. CARSON		
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 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) 12/27 19 93

By: STANTON LAMB
[Signature]
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: GREG WOMER, CM
[Signature]
SIGNATURE(S) OF SECURED PARTY(S) (TITLE)

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

07698

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

91 JAN -7 NO 53

SUZANNE BEAUDREAU
RECORDER

PAID 15.00 K2 DEPUTY
STANDARD FORM—FILING FEE \$2.00

11. Return Copy to

NAME ADDRESS CITY, STATE AND ZIP
**NORWEST FIANCIAL
3861 S. CARSON ST
CARSON CITY, NV 89701**

327072

BK0194PG1241
Approved by the Secretary of State

THIS SPACE FOR USE OF FILING OFFICER