

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) ZAMPARDO STEPHEN		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 9905	
1B. MAILING ADDRESS PO BOX 3561		1C. CITY, STATE STATELINE, NV	1D. ZIP CODE 89449
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 1346 ELDORADO AVE		1F. CITY, STATE	1G. ZIP CODE

2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) ZAMPARDO RONDA		2A. SOCIAL SECURITY OR FEDERAL TAX NO. 1057	
2B. MAILING ADDRESS SAME		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 NEVADA INC MAILING ADDRESS 2277 ODDIE BLVD CITY SPARKS STATE NV ZIP CODE 89431		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
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6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
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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)
\$ _____

<input checked="" type="checkbox"/> B. Check if Applicable	<input checked="" type="checkbox"/> A. Proceeds of collateral are also covered	<input type="checkbox"/> C. Products of collateral are also covered	<input type="checkbox"/> D. Proceeds of above described original collateral in which a security interest was perfected	<input type="checkbox"/> E. Collateral was brought into this State subject to security interest in another jurisdiction
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8. (Date) **JANUARY 14 1994**

By: STEPHEN ZAMPARDO RONDA ZAMPARDO
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: NORWEST FINANCIAL NEVADA INC
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

By: ROB KOWALSKI-CM
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

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

07709

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

11. **Return Copy to**

NAME **NORWEST FINANCIAL NEVADA INC**
 ADDRESS **2277 ODDIE BLVD**
 CITY, STATE AND ZIP **SPARKS, NV 89431**

328968

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SUZANNE BEAUDREAU
RECORDER
s/l6 PAID k2 DEPUTY

THIS SPACE FOR USE OF FILING OFFICER