

UCC-1 D98 (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) TAYLOR, DAVE		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 4264
1B. MAILING ADDRESS PO BOX 2124	1C. CITY, STATE MINDEN NV	1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)	1F. CITY, STATE	1G. ZIP CODE

2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) TAYLOR, JONI		2A. SOCIAL SECURITY OR FEDERAL TAX NO. 7488
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: 3861 S. CARSON ST CITY: CARSON CITY STATE: NV ZIP CODE: 89701	5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.S.A. NO.
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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.S.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:

1 - WASHER
1 - DRYER

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

8. Check if Applicable

A <input checked="" type="checkbox"/> Proceeds of collateral are also covered	B <input checked="" 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) **DECEMBER 11 1993**

By: **DAVE TAYLOR** **JONI TAYLOR**
[Signature] *[Signature]*
 SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: **TRACY KRUK - CSR**
[Signature]
 SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

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

07719

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

94 FEB 14 12:03

SUZANNE BEAUDREAU
 RECORDER
 8/6 PAUL K2 DEPUTY

11. **Return Copy to**

NAME
 ADDRESS
 CITY, STATE AND ZIP

NORWEST FINANCIAL
3861 S. CARSON ST
CARSON CITY NV 89701
330040

THIS SPACE FOR USE OF FILING OFFICER