

UCC-1 DSS (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) SIMMONS, DONALD D.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 7044	
1B. MAILING ADDRESS P.O. BOX 1431		1C. CITY, STATE ZEPHYR COVE NEVADA	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 429 EDGEWOOD		1F. CITY, STATE ZEPHYR COVE NEVADA	
1D. ZIP CODE 89448		1G. ZIP CODE 89448	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2F. CITY, STATE	
2D. ZIP CODE		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		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
NAME NORWEST FINANCIAL NEVADA, INC. 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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8. (Date) FEB 10, 1994

By: DONALD D. SIMMONS
(Signature) (TITLE)

By: NORWEST FINANCIAL NEVADA, INC.
(Signature) (TITLE)

By: TRACY MARIE KRUK C.S.P.
(Signature) (TITLE)

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

07720

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

94 FEB 14 P12:04

SUZANNE BEAUDREAU
 RECORDER
 PAID 15.00 DEPUTY

11. Return Copy to

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

330041

BK0294PG2393

Approved by the Secretary of State

THIS SPACE FOR USE OF FILING OFFICER