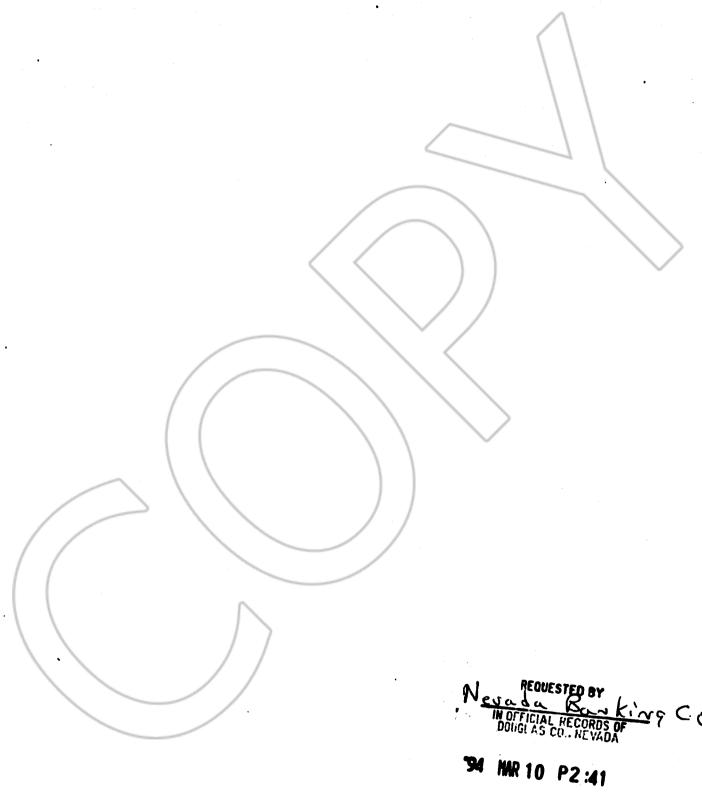
18.

This FINANCING STATEMENT is presented for filing pursuant to the Neveds Uniform Commercial Code.

DEBTOR (ONE NAME ONLY) [] LEGAL BUSINESS NAME					
MOIVIOUAL (LAST NAME HIRST)	REID, ROBERT P.			1 A, SOCIAL SI	1000117 00 FEDERAL TAX 00
, MAKING ADDRESS P.O. BOX 758		1 C. CITV. ST GARDNE	RVILLE, NV	Λ	1 D. ZIP CODE 89410
RESIDENCE ADDRESS 940 FOOTHILL ROAD		1F. CITY. ST	RVILLE, NV		1 G. zip cooi 89410
ADDITIONAL DEBTOR (IF ANY) (ONE NAME	·	GARDIE	WILLES, INV		CURITY OR FERENL TAR NO
MINDIVIDUAL (LAST NAME FIRST) MAILING ADDRESS	REID, EMMA J.	ZC. CITY, ST	ATE	-	6049 2D. z⊮ coo
P.O. BOX 758			RVILLE, NV		89410
RESIDENCE ADDRESS 940 FOOTHILL ROAD		2F. CITY. ST GARDNE	RVILLE, NV	\	2 G . zip coo
X ADDITIONAL DEBTOR(S) ON ATTAC	HED SHEET				1
	Y 395 North		90410	**** HO OR 64	CCUPITY NO PEDEDAL TAR LOS IPANSIT AND A DA NO
CITY GARDNERVILLE. ASSIGNEE OF SECURED PARTY (IF ANY)	STATE	NV 24	cope 89410	SA, SOCIAL SE	CUBITY NO FEDERAL TAR
NAME)]	MO 00 84	AME TEAMSIT AND A B A NO
MAILING ADDRESS	STATE		CODE		
6A. SIGNATUR	E OF RECORD OWNER				
	The state of the s) 1	MAXIMUM AMOUN BE SECURED AT	ANY ONE TIME	MESS TO
	OWNER OF REAL PROPERTY Products of colleteral are	C Proceeds of above des	cribed hich D	Collateral was	MESS TO OPTIONALI brought into this State urity interest in another
Check A X Preceds of colleteral are also covered Check A DEBIOR IS A "TRANS	Products of colleteral are also covered		cribed hich perfected at	ANY ONE TIME I	OPTIONALI brought into this State urity interest in another
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ADDITIONAL DEBTOR

ADAVEN HOTEL 1435 HWY 395, GARDNERVILLE, NV 89410



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