

18
UNIFORM COMMERCIAL CODE - FINANCING STATEMENT - FORM UCC-1
IMPORTANT Read instructions on back before filling out form.

WOLCOTT'S FORM UCC-11W price class 13E

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

1. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) REID, ROBERT P.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 7498
1B. MAILING ADDRESS P.O. BOX 758	1C. CITY, STATE GARDNERVILLE, NV	1D. ZIP CODE 89410
1E. RESIDENCE ADDRESS 940 FOOTHILL ROAD	1F. CITY, STATE GARDNERVILLE, NV	1G. ZIP CODE 89410
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) REID, EMMA J.		2A. SOCIAL SECURITY OR FEDERAL TAX NO. 6049
2B. MAILING ADDRESS P.O. BOX 758	2C. CITY, STATE GARDNERVILLE, NV	2D. ZIP CODE 89410
2E. RESIDENCE ADDRESS 940 FOOTHILL ROAD	2F. CITY, STATE GARDNERVILLE, NV	2G. ZIP CODE 89410
3. <input checked="" type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET		
4. SECURED PARTY NAME NEVADA BANKING COMPANY MAILING ADDRESS 1374 HWY 395 North CITY GARDNERVILLE, STATE NV ZIP CODE 89410		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A B A NO. 88-0170659
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A B A NO.

6. 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 growing and name of record owner of such real estate; if fixtures, include description of real property to which affixed or to be affixed and name of record owner of such real estate; if oil, gas or minerals, include description of real property from which to be extracted).

All Equipment, Inventory, General Intangibles, Accounts and Contract Rights; purchased with the Adaven Hotel property or with loan proceeds; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other accounts proceeds).

6A. _____
SIGNATURE OF RECORD OWNER

6B. _____
(TYPE) RECORD OWNER OF REAL PROPERTY

6C. \$ _____
MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

7. Check <input checked="" type="checkbox"/> 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 (Debtors Signature Not Required)	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction (Debtors Signature Not Required)
---	---	---	--	---

8. Check Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

<p>9. By: <u>Robert P. Reid</u> (Date) <u>March 3,</u> 19<u>94</u> SIGNATURE(S) OF DEBTOR(S) (TITLE)</p> <p><u>EMMA J. REID</u> TYPE NAME(S)</p> <p>By: <u>[Signature]</u> VICE PRESIDENT SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)</p> <p><u>NEVADA BANKING COMPANY / W.H. KANDT</u> TYPE NAME(S)</p>	<p>11. This Space for Use of Filing Officer (Date, Time, File Number and Filing Officer)</p> <p style="font-size: 2em; text-align: center;">07728</p>
---	---

10. Return Copy to

NAME **NEVADA BANKING COMPANY**
 ADDRESS **ATTN: MONA**
 CITY, STATE AND ZIP **1374 HWY 395 North**
Gardnerville, NV 89410

332003

THIS SPACE FOR USE OF FILING OFFICER

ADDITIONAL DEBTOR

ADAVEN HOTEL
1435 HWY 395, GARDNERVILLE, NV 89410

COPY

REQUESTED BY
Nevada Banking Co
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

94 MAR 10 P2:41

SUZANNE BEAUDREAU
US RECORDER

18 PAID *ke* DEPUTY

332003

BK0394PG1807