

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

pkd 15⁰⁰
0110113-007

REORDER FROM
Registered, Inc.
 314 PIERCE ST.
 P.O. BOX 210
 ANCHORAGE, ALASKA 99501
 (907) 421-1712

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) HARVEYS WAGON WHEEL, INC.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 880066882
1B. MAILING ADDRESS HWY 50 & STATELINE (DOUGLAS COUNTY)		1C. CITY, STATE STATELINE, NEVADA
1E. RESIDENCE ADDRESS XXXXXXXXXXXXXXXXXX		1D. ZIP CODE 890440
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS		2C. CITY, STATE
2E. RESIDENCE ADDRESS		2D. ZIP CODE
		2F. CITY, STATE
		2G. ZIP CODE

3. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET	
4. SECURED PARTY	
NAME GE CAPITAL	
MAILING ADDRESS 101 WEST COATES	
CITY MOBERLY STATE MISSOURI ZIP CODE 65270	
4A. SOCIAL SECURITY NO., FEDERAL TAX NO., OR BANK TRANSIT AND A.B.A. NO.	
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).

MITA DC-7090 ~~XXXXXXXX~~ 37012162
 DC-3785 36010062
 DC-3755 36002445
 DC-3755 36002431
 DC-3755 36004175
 DC-3755 36004182

A/S#6110113-007

6A. _____ SIGNATURE OF RECORD OWNER	6C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)
6B. _____ TYPE OF RECORD OWNER OF REAL PROPERTY	

7. Check <input checked="" type="checkbox"/> if Applicable	A <input 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)
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8. Check <input checked="" type="checkbox"/> if Applicable	<input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403
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9. By: Thomas Mayville (Date) _____ 19____
 SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: Sheila Points
 SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

SHEILA POINTS
 TYPE NAME(S)

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

07739

REQUESTED BY
GE Capital
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

94 APR -4 10:35

SUZANNE DEAUDREAU
 RECORDER
 \$15.00 PAID **K2** DEPUTY

10. Return Copy to

NAME ADDRESS CITY, STATE AND ZIP	GE CAPITAL 101 WEST COATES MOBERLY, MO 65270 334050
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THIS SPACE FOR USE OF FILING OFFICER