

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) WINDSOR, MARCIA		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 2087	
1B. MAILING ADDRESS 1355 CARDINAL CRT		1C. CITY, STATE GARDNERVILLE NV	1D. ZIP CODE 89410
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	1G. ZIP CODE

2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		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.B.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.B.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:

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

8. 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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9. (Date) MARCH 29 19 94

MARCIA WINDSOR

By: Marcia J. Windsor
SIGNATURE(S) OF DEBTOR(S) (TITLE)

NORWEST FINANCIAL - Greg Warner - CM

By: Greg Warner
SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

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

07740

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

94 APR -4 10:38

SUZANNE BEAUDREAU
RECORDER
\$15.00
KA DEPUTY

11. Return Copy to

NAME ADDRESS CITY, STATE AND ZIP

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

334051

(1) Filing Office Copy - Norwest

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Approved by the Secretary of State

THIS SPACE FOR USE OF FILING OFFICER