

Douglas

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

1. DEBTOR (LAST NAME FIRST) CARNAY, ESMERALDO		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 6381	
1B. MAILING ADDRESS PO BOX 3012		1C. CITY, STATE STATELINE NV	1D. ZIP CODE 89449
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 332 CLACKEN ASPEN		1F. CITY, STATE STATELINE NV	1G. ZIP CODE 89449
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.	
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.	

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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9. (Date) MAY 10 19 94

ESMERALDO CARNAY

By: *Jesús S. Carnay*
 SIGNATURE(S) OF DEBTOR(S) (TITLE)
 NORWEST FINANCIAL

By: TRACY KRUK CSR
 SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)
Tracy Kruk

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

: 07753

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

'94 MAY 16 AIO:10

RECORDED
 15:00 PAID K2 DEPUTY

11. Return Copy to

NAME
 ADDRESS
 CITY, STATE
 AND ZIP

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

337591
 BK 0594 PG 2608

THIS SPACE FOR USE OF FILING OFFICER