

UCC-1 DSS (NV) **STATE OF NEVADA**
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

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|--|--|---|-----------------------|
| 1. DEBTOR (LAST NAME FIRST) LIVENGOOD, MARK | | 1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 9080 | |
| 1B. MAILING ADDRESS PO BOX 2265 | | 1C. CITY, STATE GARDNERVILLE NV | 1D. ZIP CODE 89410 |
| 1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 1631 FENCH | | 1F. CITY, STATE | 1G. ZIP CODE |
| 2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) LIVENGOOD, KAREN | | 2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 9412 | |
| 2B. MAILING ADDRESS SAME | | 2C. CITY, STATE | 2D. ZIP CODE |
| 2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) | | 2F. CITY, STATE | 2G. ZIP CODE |

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| 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 |

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| 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:

- 1- FILBAR BEDROOM 5PC SET
DRESSER, MIRROR
- 2- NIGHT STANDS
- 1- QUEEN SLEIGH BED

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| 7A. Maximum amount of indebtedness to be secured at any one time (OPTIONAL) \$ _____ |
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|--|---|---|---|--|
| 8. Check <input checked="" type="checkbox"/> if 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 | D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction |
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9. (Date) JUNE 1 19 94

By: MARK LIVENGOOD KAREN LIVENGOOD
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: [Signature]
SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

10. This Space for Use of Filing Officer
 (Date, Time, File Number and Filing Officer)
07763

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

'94 JUN -6 AIO :53

SUZANNE BEAUDREAU
 RECORDER

\$16.00 PAID DEPUTY

11. **Return Copy to**

| | |
|---|---|
| NAME ADDRESS CITY, STATE AND ZIP | NORWEST FINANCIAL 3861 S. CARSON ST CARSON CITY, NV 89701 |
|---|---|

(1) Filing Officer Copy - Numerical

THIS SPACE FOR USE OF FILING OFFICER

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