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

DESTOR (ONE NAME ONLY)		1A. SOCIAL SECURITY	Y OR FEDERAL TAX NO
CEMOIVIDUAL (LAST NAME FIRST)  CUDEMAN DINAH L			8664
MAILING ADDRESS 161.0 SLATE ROAD	1C. CITY, STATE		1 D, ZIP COD
RESIDENCE ADDRESS	1F. CITY. STATE	$\wedge$	89444 1 G. ZIP COO
ADDITIONAL DESTOR (IF ANY) (ONE NAME ONLY)		2A. SOCIAL SECURIT	Y OR FEDERAL TAX NO
☐ LEGAL BUSINESS NAME ☐ INDIVIDUAL (LAST NAME FIRST)  MAILING ADDRESS	ZC. CITY, STATE		2D, 21P COC
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RESIDENCE ADDRESS	2F. CITY. STATE	\\	2G, zip cod
ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
SECURED PARTY  DANIE OF AMEDICA ATTERNA			ITY NO., FEDERAL TAX RANSIT AND A B.A. NO
NAME BANK OF AMERICA NEVADA MAILING ADORESS P.O. BOX 98567 LAS VEGAS			
CITY	ZIP COOE 891	.93 9472	2/1224
ASSIGNEE OF SECURED PARTY (IF ANY)		5A. SOCIAL SECURI NO. OR BANK TI	ITY NO , FEDERAL TAX RANSIT AND A B A NO
MAILING ADDRESS	(		
6. This FINANCING STATEMENT covers the following types or item growing or to be growing and name of record owner of such real es	ZIP CODE		
PROCEEDS THEREOF INCLUDING BUT NOT LIMITED INSURANCE. COLLATERAL MAY BE AFFIXED TO RE 3610 SLATE ROAD, WELLINGTON NEVADA. 89444 SERIAL NO. CAVAZD 880874X2 56'X 28' MOBILE 6A.	TO PROCEEDS OF POLIC AL PROPERTY LOCATED A LEGALLY DESCRIBED AS:	CASH AND NON-CAS IES OF T	S <b>H</b>
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