

UNIFORM COMMERCIAL CODE — FINANCING STATEMENT — FORM UCC-1

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

IMPORTANT: Read instructions on back before filling out form.

Douglas County Receipt No. _____

| | | | |
|--|--|---|------------------------------|
| 1. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) CHANDLER, ROBERT C. | | 1A. SOCIAL SECURITY OR FEDERAL TAX NO. 3151 | |
| 1B. MAILING ADDRESS 361 MASTURE DRIVE | | 1C. CITY, STATE CARSON CITY, NEVADA | 1D. ZIP CODE 89701 |
| 1E. RESIDENCE ADDRESS | | 1F. CITY, STATE | 1G. ZIP CODE |
| 2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) CUSTOM RAIN GUTTERS | | 2A. SOCIAL SECURITY OR FEDERAL TAX NO. | |
| 2B. MAILING ADDRESS SAME AS 1B | | 2C. CITY, STATE | 2D. ZIP CODE |
| 2E. RESIDENCE ADDRESS | | 2F. CITY, STATE | 2G. ZIP CODE |

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

| | | | |
|--|--|---|--|
| 4. SECURED PARTY NAME U.S BANK OF NEVADA MAILING ADDRESS 1 EAST LIBERTY STREET CITY RENO STATE NV ZIP CODE 89501 | | 4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0196792 | |
| 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).

ALL INVENTORY, CHATTEL PAPER, ACCOUNTS, CONTRACT RIGHTS, EQUIPMENT, MACHINERY, FURNITURE AND GENERAL INTANGIBLES; TOGETHER WITH THE FOLLOWING SPECIFICALLY DESCRIBED PROPERTY: WHEREVER LOCATED; WHETHER ANY OF THE FOREGOING IS OWNED NOW OR ACQUIRED LATER; ALL ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSTITUTIONS RELATING TO ANY OF THE FOREGOING; ALL RECORDS OF ANY KIND RELATING TO ANY OF THE FOREGOING; ALL PROCEEDS RELATING TO ANY OF THE FOREGOING (INCLUDING INSURANCE, GENERAL INTANGIBLES AND OTHER ACCOUNTS PROCEEDS).

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

| | | | | |
|--|--|--|--|---|
| 7. Check if Applicable <input checked="" type="checkbox"/> | 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 (Debtor's Signature Not Required) | D. <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction (Debtor's Signature Not Required) |
|--|--|--|--|---|

8. Check if Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403.

9. (Date) 11-10-94
Robert Chandler (Signature) owner (Title)
CHANDLER, ROBERT C.
Darlene L. Berry (Signature) Manager (Title)
U.S. BANK OF NEVADA
 (Type Name(s))

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

07848
 REQUESTED BY *US Bank of Wash*
 IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA
94 DEC -9. NO:44 352303
 SUZANNE BEAUDREAU RECORDER
 s/lb PAID *Kd* DEPUTY

10. Return Copy to:
 NAME **U.S. BANK OF WASHINGTON, NATIONAL ASSOCIATION**
 ADDRESS **WWH-470D**
 CITY, STATE AND ZIP **1415 5TH AVE. SEATTLE, WA 98101**
 ATTN: **TEAM 2 851-1756818527-26-58452**
 Trust Account Number (If Applicable)

THIS SPACE FOR USE OF FILING OFFICER

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