

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

1. DEBTOR (LAST NAME FIRST) O'BRIEN, KEVIN T.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 6624
1B. MAILING ADDRESS P.O. BOX 2689	1C. CITY, STATE STATELINE, NV	1D. ZIP CODE 89449
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 NAMES OR STYLES (IF ANY) KEVIN O'BRIEN CONSTRUCTION		3A. FEDERAL TAX NO. 88-0178239
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY) P.O. Box 2689	2A. CITY, STATE Stateline, NV	2B. ZIP CODE 89449

5. SECURED PARTY	5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0170659
NAME NEVADA BANKING COMPANY	
MAILING ADDRESS 229 KINGSBURY GRADE P.O. BOX 5700	
CITY STATELINE STATE NV ZIP CODE 89449	

6. ASSIGNEE OF SECURED PARTY (IF ANY)	6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
NAME	
MAILING ADDRESS	
CITY STATE ZIP CODE	

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 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 Equipment; together with the following specifically described property: 1989 CATERPILLAR TRACTOR, MODEL D8N, SERIAL NO. 9TC2713 COMPLETE WITH CATERPILLAR 8 RIPPER 1FH0606 AND HYDRAULIC DOZER; 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 accounts proceeds).

7A. _____ SIGNATURE OF RECORD OWNER

7B. _____ (TYPE) RECORD OWNER OR REAL PROPERTY

7C. \$ _____ 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 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. Check If Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

10. (Date) March 9 1995

O'BRIEN, KEVIN T.

By: Kevin T. O'Brien (TITLE)

NEVADA BANKING COMPANY

By: [Signature] Vice President/Brnch Mgr. (TITLE)

SIGNATURE(S) OF SECURED PARTY(IES)

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

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REQUESTED BY Nevada Banking Co.

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

'95 MAR 13 AM 1:31

LINDA SLATER
RECORDER

\$16 PAID K.O. DEPUTY

11. Return Copy to

NAME
ADDRESS
CITY, STATE AND ZIP

**NEVADA BANKING COMPANY
229 KINGSBURY GRADE P.O. BOX 5700
STATELINE, NV 89449**

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BK0395PG1459