

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.

Receipt No. _____

1. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) CHRISTENSEN, Joseph A.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 5164	
1B. MAILING ADDRESS P.O. Box 2429		1C. CITY, STATE Stateline, Nevada	1D. ZIP CODE 89449
1E. RESIDENCE ADDRESS 145 Irwin Street		1F. CITY, STATE Stateline, Nevada	1G. ZIP CODE 89449
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) CHRISTENSEN, Tori-Lynn		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 3991	
2B. MAILING ADDRESS P.O. Box 2429		2C. CITY, STATE Stateline, Nevada	2D. ZIP CODE 89449
2E. RESIDENCE ADDRESS 145 Irwin Street		2F. CITY, STATE Stateline, Nevada	2G. ZIP CODE 89449

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME U.S. Small Business Administration MAILING ADDRESS 901 West Civic Center Drive, Suite 160 CITY Santa Ana STATE California ZIP CODE 92703		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
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 consumer household goods now owned, hereafter acquired, or purchased in whole or in part from the proceeds of this SBA Loan #DLH 80687930-05, and/or the proceeds of any disposition thereof.

Collateral located at 145 Irwin Street, Stateline Nevada, County of Douglas, and any other address pertaining to this loan.

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

9. (Date) March 13 19 95

By [Signature] SIGNATURE(S) OF DEBTOR(S)
Joseph A. Christensen (TITLE)
[Signature] SIGNATURE(S) OF DEBTOR(S)
Tori-Lynn Christensen (TITLE)

By [Signature] SIGNATURE(S) OF SECURED PARTY(IES)
U.S. Small Business Administration (TITLE)

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

07901

358771

1604996304

95 MAR 27 P1:18

REQUESTED BY
[Signature]
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

LINDA SLATER
RECORDER
\$16.00 PAID DEPUTY

WHITE—Alphabetical; PINK—Acknowledgement;
GREEN—Secured Party; BLUE—Debtor.

10. **Return Copy to:**

NAME U.S. Small Business Administration ADDRESS P.O. Box 13795 CITY, STATE AND ZIP Sacramento, California 95853-4795 Attn: Legal Department DLH 80687930-05	Trust Account Number (If Applicable)
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