

UNIFORM COMMERCIAL CODE — FINANCING STATEMENT — FORM UCC-1

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

Douglas Cty. 2216592-003 JLN

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) RISTUBEN, KENNETH W.		1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
1B. MAILING ADDRESS 1666 U.S. HIGHWAY 395		1C. CITY, STATE MINDEN, NV	1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS 1729 LANTANA		1F. CITY, STATE MINDEN, NV	1G. ZIP CODE 89423
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) RISTUBEN, SANDRA W.		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS 1666 U.S. HIGHWAY 395		2C. CITY, STATE MINDEN, NV	2D. ZIP CODE 89423
2E. RESIDENCE ADDRESS 1729 LANTANA		2F. CITY, STATE MINDEN, NV	2G. ZIP CODE 89423

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME METLIFE CAPITAL CORPORATION MAILING ADDRESS 10900 N.E. 4TH STREET, SUITE 500 CITY BELLEVUE STATE WA ZIP CODE 98004		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 91-1219984
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 RESTAURANT EQUIPMENT, FURNITURE, FIXTURES, REPLACEMENTS, SUBSTITUTIONS, ADDITIONS, PARTS AND ACCESSORIES NOW OWNED AND HEREAFTER ACQUIRED BY DEBTOR, INCLUDING BUT NOT LIMITED TO REGISTERS, COMPUTERS, FRYERS, GRILLS, TOASTERS, SOFT DRINK MACHINES, OVENS, SEATING AND COUNTERS, SIGNAGE, MENU BOARDS, LIGHT FIXTURES, DECOR, SALAD AND DRIVE-THRU EQUIPMENT LOCATED AT THE MCDONALD'S RESTAURANT AT: 1666 U.S. HWY. 395, MINDEN, NV 89423

THIS SPACE FOR USE OF FILING OFFICER

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 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. By *Kenneth W. Ristuben* (Date) APRIL 22 1995
SIGNATURE(S) OF DEBTOR(S) (TITLE) OWNER/OFFICER

By *Sandra W. Ristuben*
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE) o/o

METLIFE CAPITAL CORPORATION
TYPE NAME(S)

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

07922

REQUESTED BY *Lexis*
IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

'95 MAY 15 11:10

LINDA SLATER
RECORDER
PAID DEPUTY

362063
BK 0595PG 2173

10. Return Copy to:

NAME ADDRESS CITY, STATE AND ZIP	<u><i>Lexis Document Service</i></u> <u><i>P.O. Box 2969</i></u> <u><i>Springfield IL 62708</i></u>	Trust Account Number (If Applicable)
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