

UNIFORM COMMERCIAL CODE-FINANCING STATEMENT-FORM UCC-1
IMPORTANT-Read instructions on back before filling out form

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

1. DEBTOR (LAST NAME FIRST) MINDER, THOMAS B.
1A. SOCIAL SECURITY OR FEDERAL TAX NO.
1B. MAILING ADDRESS 623 APALOOSA LN
1C. CITY, STATE GARDNERVILLE NEVADA
1D. ZIP CODE 89410
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) SAME
1F. CITY, STATE
1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) MINDER, KIMBERLY
2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS SAME
2C. CITY, STATE
2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) SAME
2F. CITY, STATE
2G. ZIP CODE

3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY)
3A. FEDERAL TAX NO.
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)
4A. CITY, STATE
4B. ZIP CODE

5. SECURED PARTY
NAME NORWEST FINANCIAL NEVADA, INC.
MAILING ADDRESS 3861 S. CARSON ST.
CITY CARSON CITY STATE NEVADA ZIP CODE 89701
5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.

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

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, if fixtures, include description of real property to which affixed or to be affixed; if oil, gas or minerals, include description of real property from which to be extracted).

THE PARAGRAPHS CHECKED BELOW DESCRIBE THE PROPERTY COVERED BY THIS FINANCING STATEMENT:

- (a) All of the debtors' household goods and sports/recreation equipment now located at the debtors' address shown above except those items prohibited by the Federal Trade Commission's Credit Practices Rule.
(b) The following property located in or about debtors' premises at their address set forth above:

7A. Maximum amount of indebtedness to be secured at any one time (OPTIONAL)
\$

8. Check if Applicable
A [X] Proceeds of collateral are also covered
B [] Products of collateral are also covered
C [] Proceeds of above described original collateral in which a security interest was perfected
D [] Collateral was brought into this State subject to security interest in another jurisdiction

9. (Date) MAY 15, 19 95
THOMAS MINDER KIMBERLY MINDER
By: [Signature] [Signature]
SIGNATURE(S) OF DEBTOR(S) (TITLE)
J.R. HILDEBRAND FOR NORWEST FINANCIAL
By: [Signature] MANAGER
SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

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

07930
REQUESTED BY
Norwest Financial
IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

11. Return Copy to
NAME NORWEST FINANCIAL
ADDRESS 3861 S. CARSON ST
CITY, STATE AND ZIP CARSON CITY NV 89701

'95 MAY 22 AM 12:21
LINDA SLATER
RECORDER
\$16.00 PAID DEPUTY

THIS SPACE FOR USE OF FILING OFFICER

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