

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 checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <div style="text-align: center; font-size: 1.2em;">Harlesk Management, Inc.</div>	1A. SOCIAL SECURITY OR FEDERAL TAX NO. <div style="text-align: center; background-color: black; color: black;">XXXXXXXXXX</div>
---	---

1B. MAILING ADDRESS P.O. Box 3300	1C. CITY, STATE Stateline, NV	1D. ZIP CODE 89449
---	---	------------------------------

1E. RESIDENCE ADDRESS /	1F. CITY, STATE	1G. ZIP CODE
-----------------------------------	------------------------	---------------------

2. ADDITIONAL DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)	2A. SOCIAL SECURITY OR FEDERAL TAX NO.
--	---

2B. MAILING ADDRESS	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: Litchfield Financial Corporation MAILING ADDRESS: 789 Main Road CITY: Stamford STATE: VT ZIP CODE: 05352	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).

A first security interest in any deposit accounts established as the "Loss Reserve" as defined in the Contract Purchase Agreement between Debtor and Secured Party, dated as of August 15, 1995.

6A. _____
SIGNATURE OF RECORD OWNER

6C. \$ _____
MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

6B. _____
(TYPE) RECORD OWNER OF REAL PROPERTY

7. Check if Applicable <input checked="" type="checkbox"/>	A. <input type="checkbox"/> Proceeds of collateral are also covered. NRS 104.9306	B. <input type="checkbox"/> Products of collateral are also covered. NRS 104.9402	C. <input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected (Debtor's Signature Not Required). NRS 104.9402	D. <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction (Debtor's Signature Not Required). NRS 104.9402
--	--	--	---	--

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

9. (Date) September 8 1995

By Bryson Burkholder Vice President
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By James A. Yearwood Vice President
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

TYPE NAME(S)

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

08007

REQUESTED BY
Hartman & Armstrong
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'95 OCT 23 11:28

LINDA SLATER
RECORDER
PAID 15.00 DEPUTY

10. **Return Copy to:**

NAME: Hartman & Armstrong, Ltd. ADDRESS: 427 W. Plumb Lane CITY, STATE AND ZIP: Reno, NV 89509	Trust Account Number (If Applicable): <u>750017</u>
Attention: Dee A. Shaffer, Paralegal	

THIS SPACE FOR USE OF FILING OFFICER

373314
BK 1095PG3759