

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-weight: bold; font-size: 1.2em;">Omohundro Family Trust</div>		1A. SOCIAL SECURITY OR FEDERAL TAX NO. <div style="text-align: center; font-weight: bold; font-size: 1.2em;">3761</div>	
1B. MAILING ADDRESS <div style="text-align: center; font-weight: bold; font-size: 1.2em;">850 Longleaf Place</div>		1C. CITY, STATE <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Minden, NV</div>	
1E. RESIDENCE ADDRESS		1F. CITY, STATE	
1D. ZIP CODE <div style="text-align: center; font-weight: bold; font-size: 1.2em;">89423</div>		1G. ZIP CODE	

2. ADDITIONAL DEBTOR (IF ANY) (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	
2E. RESIDENCE ADDRESS		2F. CITY, STATE	
2D. ZIP CODE		2G. ZIP CODE	

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY

NAME Windway Capital Corp. MAILING ADDRESS 630 Riverfront Drive CITY Sheboygan STATE WI ZIP CODE 53082	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 of the property described below in which the Trust has or acquires an interest, wherever located, whether now owned or hereafter acquired, and all additions and accessions to and all proceeds and products of any of it: All consumer goods, fixtures, documents, general intangibles (including without limitation all rights in, to and under that certain Shareholders' Agreement by and between Cynthia Sparks and the Trust dated as of May 1, 1995 (the "Shareholders' Agreement") and that certain Security and Pledge Agreement by Cynthia Sparks in favor of the Trust dated as of May 1, 1995 (the "Pledge Agreement")), accounts, chattel paper and instruments, all amounts paid or payable under the Shareholders' Agreement and all amounts paid or payable under the Pledge Agreement.**

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	For filing with Douglas County, Nevada.

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)
--	--	--	---	--

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

9. (Date) May 1 1995

By [Signature] Thomas Chaloude
 SIGNATURE(S) OF DEBTOR(S) (TITLE)

OMOHUNDRO FAMILY TRUST

By [Signature] John A. McShay Jr. Vice Pres.
 SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

WINDWAY CAPITAL CORP.

TYPE NAME(S)

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

08017

REQUESTED BY
Foley + Lardner
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

'95 NOV 13 P1:41

LINDA SLATER
 RECORDER
 \$15.00 PAID [Signature] DEPUTY

374701 BK 1195PG1961

10. Return Copy to:

NAME FOLEY + LARDNER ADDRESS 777 E. Wisconsin Avenue CITY, STATE AND ZIP Milwaukee, WI 53202-5367	Trust Account Number (If Applicable) _____
--	--