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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) □ LEGAL BUSINESS NAME DEBTOR (ONE NAME ONLY) □ LEGAL BUSINESS NAME DEBTOR (ONE NAME ONLY) □ LEGAL BUSINESS NAME DEBTOR (ONE NAME ONLY) □ LEGAL BUSINESS NAME DEBTOR (ONE NAME ONLY) □ LEGAL BUSINESS NAME DEBTOR (ONE NAME ONLY) □ LEGAL BUSINESS NAME DEBTOR (ONE NAME ONLY) □ LEGAL BUSINESS NAME DEBTOR (ONE NAME ONLY) □ LEGAL BUSINESS NAME DEBTOR (ONE NAME ONLY) □ LEGAL BUSINESS NAME DEBTOR (ONE NAME ONLY) □ LEGAL BUSINESS NAME DEBTOR (ONLY) □ LEGAL BUSINESS NAME DE		1A. SOCIAL SECURITY O	1
1B. MAILING ADDRESS	1C. CITY, STATE	- 1	1D. ZIP CODE
850 Longleaf Place	Minden, NV		89423
1E. RESIDENCE ADDRESS	1F. CITY, STATE	\ \	1G. ZIP CODE
ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) LEGAL BUSINESS NAME Omohundro, Gail C. X INDIVIDUAL (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
28. MAILING ADDRESS	2C. CITY, STATE	\	2D. ZIP CODE
850 Longleaf Place	Minden, NV		89423
2E. RESIDENCE ADDRESS	2F. CITY, STATE	\ \	2G. ZIP CODE
3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			1
4. SECURED PARTY		4A. SOCIAL SECURITY OF	IO. FEDERAL TAX NO.
NAME Windway Capital Corp.		OR BANK TRANSIT	AND A.B.A. NO.
MAILING ADDRESS 630 Riverfront Drive	/ _ `		1 1
CITY Sheboygan, STATE WI	ZIP CODE 53082	\	
5. ASSIGNEE OF SECURED PARTY (IF ANY)	/ / \	SA. SOCIAL SECURITY I	O. FEDERAL TAX NO.
NAME	/	OR BANK TRANSIT	AND A.B.A. NO.
MAILING ADDRESS			~
CITY STATE	ZIP CODE		
description of real property from which to be extracted). All of the proper rally have or acquire an interest, wherever located, was accessions to and all proceeds and products of any of ngibles (including without limitation all rights in, the company and Thomas Omohundro dated as of tel paper, instruments and all amounts paid or payable	to and under that certain f May 1, 1995 (the "Cons	n Consulting Agreeme ulting Agreement")),	nt by and
6ASIGNATURE OF RECORD OWNER	6C. \$	MUM AMOUNT OF INDEBTEDNESS TO	_
SIGNATORE OF RESORD OWNER	BE SE	CURED AT ANY ONE TIME (OPTIONA	Ĺ)
6B	For filing w	ith Douglas County,	Nevada.
		n	
7. Check if Collateral are also covered Applicable also covered Solution Covered Collateral are also covered C	Proceeds of above described original collateral in which a security interest was perfected (Debtor's Signature Not Required)	ı i Gunateiai was Divuuni	t into this State subject in another jurisdiction ot Required)
8. Check if Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE W	VITH NRS 704.205 AND NRS 104.9403.		
9. May	9-11	. This Space for Use of Filing Number and Filing Officer)	Officer: (Date, Time, Fil
(Date) (Danshinds Haman)	De La Gran		08018
SIGNATURE(S) OF DEBTOR(S) OMOHUNDRO, THOMAS W. and GAIL C.	(TITLE)	REQUESTI	DBY JNEY
TYPE NAME(S)	1. 1. 1.	IN OFFICIAL R	CORDS OF
By SIGNATURE(S) OF SECURED PARTY(IES)	Nice Vreiled	DougLAS co.	. NEVADA
WINDWAY CAPITAL CORP.		AUGS 4.0 1	21.42
TYPE NAME(S)		'95 NUV 13 I	P1:43 }
			7,
10. Return Copy to:		LINDA SI	ATER 📆
NAME FOLCIL + 10000CS	Trust	LINDA SI RECOR	DER
			2 DEPUTY
AND ZIP 777 E WISCOUSIN AVENUE	Number (<i>(if Applicable</i>)	5 10 PAIL	UET'UIT
ADDRESS CITY, STATE AND ZIP 777 E. WISCONSIN AVENUE MIWAUKEE, WI 53202-53	367	WHITE—Alphabotical; PINK	–Acknowledgement;
[ITHURUKEE, WI JOHN J.		GREEN—Secured Party;	DLUE—Dobier.

