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 (ONE NAME ONLY) OLEGAL BUSINESS NAME MINDIVIDUAL (LAST NAME FIRST) BLADES, ERROL D.		1 A SOCIAL SEC	O318
18. MAILING ADDRESS	1C. CITY. STATE		1 D. ZIP CODE
P.O. BOX 2842	MINDEN, NV	Δ	89423
1 E. RESIDENCE ADDRESS	1F. CITY, STATE		1 G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) CLEGAL BUSINESS NAME MINDIVIDUAL (LAST NAME FIRST) BLADES, SUSAN L.		2A, social sec	URITY OR FEDERAL TAX NO.
28. MAILING ADDRESS	2C. CITY, STATE	\	2D. ZIP CODE
P.O. BOX 2842	MINDEN, NV	\ \	89423
2E. RESIDENCE ADDRESS	2F. CITY. STATE		2G. ZIP CODE
3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
4. SECURED PARTY		4A, SOCIAL SEC	URITY NO. FEDERAL TAK
NAME NEVADA BANKING COMPANY MAILING ADDRESS 1374 N U.S. HIGHWAY 395 NORTH	Y 95 NORTH 88-0170659		
CITY GARDNERVILLE STATE NV	ZIP CODE 89		HAITY MA FEATON TO
5. ASSIGNEE OF SECURED PARTY (IF ANY)			URITY HO. FEDERAL TAX K TRANSIT AND A.B.A. NO.
NAME MAILING ADDRESS	()		
CITY STATE	ZIP CODE		
AHX00025K79; whether any of the foregoing i additions, replacements, and substitutions records of any kind relating to any of the foregoing (including insurance, general int XMXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	relating to any of the foregoing; all process and accounts and accounts and accounts are the following accounts	ne foregoing; aleds relating to proceeds).	1 KKKKKKK any of the CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TYPE) RECORD OWNER OF REAL PROPERTY		TOTAL AIR ONE TIME (C	- HONALI
7. Check Proceeds of collateral are also covered B Products of collateral are also covered	Proceeds of above described original collateral in which a security interest was perfected	D subject to secur jurisdiction	brought into this State ity interest in another
8. Check X If DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH N	(Debtors Signature Not Required) IRS 704.205 AND NRS 104.9403	(Debtors Signature N	ot negurea)
9. (Date) January		Space for Use of Filing Office lime, File Number and Filing	
BLADES, ERROL D.: BLADES, SUSAN L. TYPE NAME(S)	Blades (TITLE)		08055
ASSISTANT BRANCH MANAGER SIGNATURE(S) OF SECURED PARTY(IES) (TITLE) SUSAN C. POTTER			Market Comment of the
10. Return Copy to		Nesada B	OBY
NEVADA BANKING COMPANY ADDRESS 1374 HIGHWAY 395 NORTH CITY, STATE GARDNERVILLE, NV 89410	380030	M DEFICIAL REDOUGLAS CO	CORDS OF NEVADA
(1) FILING OFFICER COPY — ALPHABETICAL		LINDA SLA RECORDE	TER
UNIFORM COMMERCIAL CODE-FORM UCC-1 (REV 7-86) Approved by the	ne Nevada Secretary of State	\$/6 PAIN 2	A FILING FEES SEE INSTRUCTIONS _DEPUTY
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