

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) BEACH, JODY		1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
1B. MAILING ADDRESS 1340 SARATOGA LN		1C. CITY, STATE MINDEN NV	
		1D. ZIP CODE 89423	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	
		1G. ZIP CODE	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) DAVIS, DEBBIE		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)		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 NV 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 <input checked="" type="checkbox"/> If Applicable	A <input checked="" 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	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction
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9. (Date) SEPT 23 19 96

JODY BEACH

DEBBIE DAVIS

By: *[Signature]* *[Signature]*
SIGNATURE(S) OF DEBTOR(S) (TITLE)

NORWEST FINANCIAL

By: TRACY KRUK - ASR *[Signature]*
SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

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

08173

REQUESTED BY
NORWEST FINANCIAL
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 SEP 30 AM 11:05

LINDA SLATER
RECORDER

\$16.00 PAID DEPUTY

11. Return Copy to

NAME ADDRESS CITY, STATE AND ZIP
NORWEST FINANCIAL NEVADA, INC. #112
3861 South Carson Street
Carson City, Nevada 89701

397613

BK0996PG5183

Approved by the Secretary of State

STANDARD FORM-FILING FEE \$2.00

THIS SPACE FOR USE OF FILING OFFICER