

1. DEBTOR (LAST NAME FIRST) SWALANDER, DAVID B.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 5734	
1B. MAILING ADDRESS 1555 LINDSAY LANE		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) SWALANDER, LARISSA J.		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 5013	
2B. MAILING ADDRESS Same as 1b Above		2C. CITY, STATE Same as 1c Above	2D. ZIP CODE Same as 1d
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2F. CITY, STATE	2G. ZIP CODE

3. DEBTOR(S) TRADE NAMES OR STYLES (IF ANY)		3A. FEDERAL TAX NO.	
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY) 1555 LINDSAY LANE		2A. CITY, STATE MINDEN, NV	2B. ZIP CODE 89423

5. SECURED PARTY NAME COMSTOCK BANK		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 87-0351422	
MAILING ADDRESS 6275 NEIL ROAD			
CITY RENO	STATE NV	ZIP CODE 89511	

6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	

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 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 inventory, Accounts and Equipment; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other accounts proceeds).

7A. _____ SIGNATURE OF RECORD OWNER	7C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)
7B. _____ (TYPE) RECORD OWNER OR REAL PROPERTY	

8. Check <input checked="" type="checkbox"/> if Applicable	A <input checked="" type="checkbox"/> Proceeds of collateral are also covered	B <input checked="" 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. Check if Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

10. (Date) 1/28/97 19__

By: David B. Swalander Larissa J. Swalander
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: Kevin D. Elder Com'l Loan Officer
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

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

08222

REQUESTED BY
Comstock Bank
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'97 FEB -5 10:24

LINDA SLATER
RECORDER

0406083/16⁰⁵ PAID k2 DEPUTY

11. Return Copy to

NAME **COMSTOCK BANK**
ADDRESS **6275 NEIL ROAD**
CITY, STATE AND ZIP **RENO, NV 89511**