

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 type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) ABDOOK THOMAS A.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 6249	
1B. MAILING ADDRESS Post Office Box 31		1C. CITY, STATE Minden, Nevada	1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS 625 Chamberstiane		1F. CITY, STATE Markleeville, California	1G. ZIP CODE 96120
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	2D. ZIP CODE
2E. RESIDENCE ADDRESS		2F. CITY, STATE	2G. ZIP CODE

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY <input checked="" type="checkbox"/> NAME Brooke & Shaw, Ltd. Profit Sharing Plan MAILING ADDRESS Post Office Box 2860 CITY Minden STATE Nevada ZIP CODE 89423		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0271676
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 shares of stock owned by debtor in Tojo Corp., a Nevada corporation, if any, and all debtor's ownership interest in said corporation, whether evidenced by stock certificates or otherwise.

6A. *Thomas A. Abdoo* SIGNATURE OF RECORD OWNER
6B. _____ (TYPE) RECORD OWNER OF REAL PROPERTY
6C. \$ 547,640.02 MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

7. Check if Applicable <input checked="" type="checkbox"/>	A. <input checked="" type="checkbox"/> Proceeds of collateral are also covered. NRS 104.9306	B. <input checked="" type="checkbox"/> Products of collateral are also covered. NRS 104.9402	C. <input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected (Debtor's Signature Not Required). NRS 104.9402	D. <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction (Debtor's Signature Not Required). NRS 104.9402
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8. Check if Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403.

9. (Date) February 1 1997

By *Thomas A. Abdoo* SIGNATURE(S) OF DEBTOR(S) (TITLE)

Thomas A. Abdoo TYPE NAME(S)

By *T. Scott Brooke* SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

T. Scott Brooke, Brooke & Shaw, Ltd. Profit Sharing Plan TYPE NAME(S)

10. Return Copy to:

NAME ADDRESS CITY, STATE AND ZIP

Trust Account Number (If Applicable)

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

08232

9102003

BK0297PG2767

0406984

9102003

WHITE—Alphabetical; PINK—Acknowledgement; GREEN—Secured Party; BLUE—Debtor.

COPIED

PROXY

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REQUESTED BY
Brooke + Shaw
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'97 FEB 20 P2:40

0406984

LINDA SLATER
RECORDER
\$16 PAID to DEPUTY

STATE OF NEVADA
Department of
State

I hereby certify that this is a true and
complete copy of the document as
filed in this office.

DATED: 2-12-97

Dean Heller SEAL
DEAN HELLER
Secretary of State

By Frances Berry

BK0297PG2768