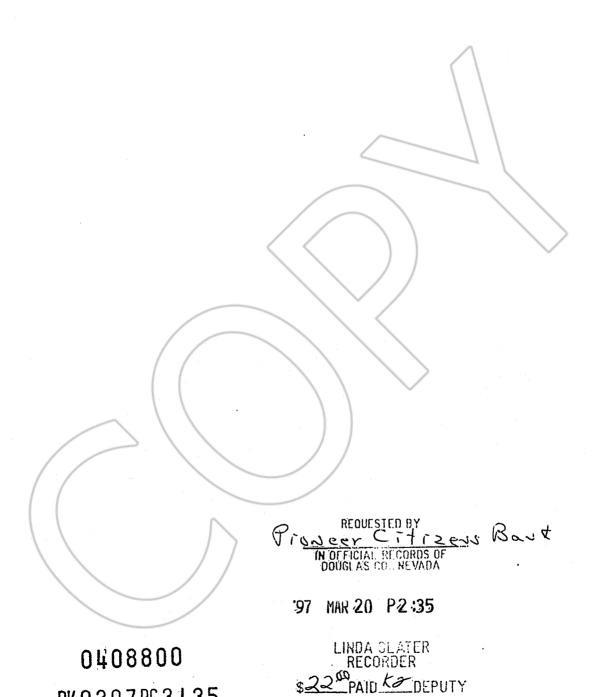
and will remain effective, with certain exceptions, for 5 years from date of fit  A. NAME & TEL. # OF CONTACT AT FILER (optional)  B. FILING O			FICE ACCT.# (optional)			Λ		
C RETURN COPY T	O: (Name and Mailing Address)							
PIONE 4267 S BOX 2	ER CITIZENS BANK OF NEV CARSON STREET	/ADA						
	,				***************************************	_ \	\	
L. D. OPTIONAL DESIGNA	ATION (If applicable): LESSOR/LESSE	E CONSIGNOR/C	ONSIGNEE NON-UCC FILING				1	
1. DEBTOR'S EXAC	T FULL LEGAL NAME - insert only AME	one debtor name (1a	or 1b)					/
1b. INDIVIDUAL FARROW-RI			FIRST NAME HOWARD	MI	DDLE	NAME	-	SUFFIX
ic. MAILING ADDRES 2827 ESAW ST S			CITY MINDEN	ST	ATE /	COUNTRY	POSTAL 89423	CODE
d. S.S. OR TAX I.D.# 7641	OPTIONAL 116. TYPE ADD'NL INFO RE ENTITY DEBTOR:	OF ENTITY	II. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	19	ENTI	TY'S ORGANI	ZATIONA	L I.D.#, If any
. ADDITIONAL DEB	TOR'S EXACT FULL LEGAL NAM	E - insert only one d		<del>///</del>				
2a. ENTITY'S NA TECH PHOTO	AME							
2b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME			SUFFIX
26. MAILING ADDRES 2827 ESAW ST S	- A - A - A - A - A - A - A - A - A - A		CITY MINDEN	ST N	ATE /	COUNTRY	POSTAL 89423	CODE
2d. S.S. OR TAX I.D.#	OPTIONAL 2e. TYPE ADD'NL INFO RE ENTITY DE BTOR <sub>I</sub>	OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2g	ENTI	TY'S ORGANI	ZATIONA	L I.D.#, if any
3. SECURED PART	Y'S (ORIGINAL S/P or ITS TOTAL A	ASSIGNEE) EXACT F	FULL LEGAL NAME - Insert only o	ne secured party nar	ne (3a	or 3b)		
PIONEER CI	TIZENS BANK OF NEVADA		\ \					
3b. INDIVIDUAL	3b, INDIVIDUAL'S LAST NAME		FIRST NAME	Mi	MIDDLE NAME SUFFIX		SUFFIX	
3c. MAILING ADDRES 4267 S CARSON	WAILING ADDRESS 67 S CARSON STREET, BOX 2351		RENO	ST N		COUNTRY	POSTAL 89505	CODE
VARIOUS PHOTO MODEL 390978-6 MODEL 481172-1 MODEL 390980-1 DM 344 DATA N substitutions rela foregoing (includ	MEMRECAM CL AC POWER SUPPLY	the foregoing ag; all records og bles and according the Spoured Party in	is owned now or acquire of any kind relating to any unts proceeds).	of the foregoi	ng; a	il proceed	n Florida (	check one)
lifapplicables location	yas changed to this state, or (b) in	accordance with oth	ner statutory provisions [additional	data may be require	a]	stamp t لسا	ax paid	tax not applicable
B. REQUIRED SIGNA	TURES(S)	1			ded) in	the REAL ES		e filed [for record] CORDS [if applicable

PIONEER CITIZENS BANK OF NEVADA By: Greg Nixon

CFI ProServices, Inc. 400 S.W. 6th Avenue, Portland, Oregon 97204

(1) FILING OFFICER COPY — NATIONAL FINANCING STATEMENT (FORM UCC1) (TRANS) (REV. 12/18/95) 4 08800



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