

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

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| 1. DEBTOR (LAST NAME FIRST) FRIEDMAN, CONNIE | 1A. SOCIAL SECURITY OR FEDERAL TAX NO. |
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| 1B. MAILING ADDRESS PO BOX 5453 | 1C. CITY, STATE STATELINE NV | 1D. ZIP CODE 89449 |
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| 1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 149 KAHLE DR NO 26 | 1F. CITY, STATE STATELINE NV | 1G. ZIP CODE 89449 |
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| 2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) | 2A. SOCIAL SECURITY OR FEDERAL TAX NO. |
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| 2B. MAILING ADDRESS | 2C. CITY, STATE | 2D. ZIP CODE |
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| 2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) | 2F. CITY, STATE | 2G. ZIP CODE |
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| 3. DEBTOR (S) TRADE NAME OR STYLE (IF ANY) | 3A. FEDERAL TAX NO. |
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| 4. ADDRESS OF DEBTOR (S) CHIEF PLACE OF BUSINESS (IF ANY) | 4A. CITY, STATE | 4B. ZIP CODE |
|---|-----------------|--------------|

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| 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. |
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| 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. |
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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 |
|--|---|--|---|--|

9. (Date) **JUN 11** 19 **97**

By: CONNIE FRIEDMAN
Connie Friedman
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: NORWEST FINANCIAL NEVADA, INC.
Tracy Kruk
SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

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

08279

REQUESTED BY
Norwest Financial
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'97 JUN 16 A11:19

LINDA SLATER
RECORDER

\$15⁰⁰ PAID (k) DEPUTY

STANDARD FORM—FILING FEE \$2.00

11. **Return Copy to**

NAME: **NORWEST FINANCIAL NEVADA, INC. #112**
ADDRESS: **3861 South Carson Street**
CITY, STATE AND ZIP: **Carson City, Nevada 89701** **0415207**

THIS SPACE FOR USE OF FILING OFFICER