S · · · · · · This	FINANCING STATEMENT	is presented for fi	iling pursuant to	the Nevada Unifor	m Commercial Cod	le.	
. DEBTOR (LAST NAME FIR		is presented for in	ming paradam to				OR FEDERAL TAX
D.W. Wall Construct	lion, Inc.					3865	
B. MAILING ADDRESS				1C. CITY, STATE			1D. ZIP CODE
2090 Fish Springs R	kd			Gardnervill	e, NV		89410
E. RESIDENCE ADDRESS	(IF AN INDIVIDUAL AND DIFF	FERENT THAN 1B)		1F. CITY, STATE			1G. ZIP CODE
ADDITIONAL DEBTOR (IF	ANY) (LAST NAME FIRST)		,		2A.	SOCIAL SECURITY	OR FEDERAL TAX
B. MAILING ADDRESS				2C. CITY, STATE	······································	( )	2D. ZIP CODE
. RESIDENCE ADDRESS	(IF AN INDIVIDUAL AND DIFF	FERENT THAN 2B)		2F. CITY, STATE		/ /	2G. ZIP CODE
DEBTOR(S) TRADE NAME	ES OR STYLES (IF ANY)	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ЗА.	FEDERAL TAX NO.	
ADDRESS OF DEBTOR(S	CHIEF PLACE OF BUSINESS	S (IF ANY)		2A. CITY, STATE		$\rightarrow$	28. ZIP CODE
2090 Fish Springs R	d.			Gardnervill			89410
SECURED PARTY		-			5A.	SOCIAL SECURITY	NO., FEDERAL TAX SIT AND A.B.A. NO.
NAME	NEVADA STATE BANK	<					
MAILING ADDRESS	1354 WATERLOO HIG	HWAY 395			•	4190	
CITY	GARDNERVILLE	STATE	NV	ZIP CODE 8	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I		
ASSIGNEE OF SECURED	PARTY (IF ANY)				6A.	SOCIAL SECURITY NO. OR BANK TRAN	NO., FEDERAL TAX NSIT AND A.B.A. NO.
NAME				/	\ \		1
MAILING ADDRESS				-	1 1		
CITY	MENT covers the following typ	STATE		ZIP CODE			
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