

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

1. DEBTOR (LAST NAME FIRST) PENNA, PASQUALE A		1A. SOCIAL SECURITY OR FEDERAL TAX NO.
1B. MAILING ADDRESS 1386 MARLETTE CIRCLE	1C. CITY, STATE GARDNERVILLE, NV	1D. ZIP CODE 89410
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)	1F. CITY, STATE	1G. ZIP CODE

2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS	2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)	2F. CITY, STATE	2G. ZIP CODE

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 MAILING ADDRESS 3861 S. CARSON ST CITY CARSON CITY STATE NV ZIP CODE 89704		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 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. (Date) 12/3 1997

PASQUALE PENNA

By: *Pasquale Penna* (SIGNATURE(S) OF DEBTOR(S)) (TITLE)

NORWEST FINANCIAL

By: LISA KOEHLER *Lisa Koehler* (SIGNATURE(S) OF SECURED PARTY (IES)) CREDIT MANAGER (TITLE)

11. Return Copy to

NAME NORWEST FINANCIAL
ADDRESS 3861 S. CARSON ST
CITY, STATE AND ZIP CARSON CITY, NV 89704

0427934

(1) Filing Officer Copy - Numerical

UNIFORM COMMERCIAL CODE—FORM UCC-1

BK 1297 PG 1542

Approved by the Secretary of State

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

08347

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

'97 DEC -8 AM 1:00

LINDA SLATER
RECORDER

\$15.00 PAID \$2 DEPUTY

STANDARD FORM—FILING FEE \$2.00

THIS SPACE FOR USE OF FILING OFFICER