STATE OF NEVADA

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UNIFORM COMMERCIAL CODE - FINANCING STATEMENT - FORM UCC-1

This FINANCING STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code
THIS UCC FINANCING STATEMENT 1 IS BEING SIGNED IN COUNTERPART BUT TO BE RECORDED AS
ONE DOCUMENT

IMPORTANT: Read Instructions on back before filling out form.		Receipt No.
1. DEBTOR (ONE NAME ONLY)		1A. SOCIAL SECURITY OR FEDERAL TAX NO.
IB. MAILING ADDRESS CHARLES STEVEN MANCHEST	FER 10. CITY, STATE	- 5497
P.O. BOX 3655	STATELINE, NE	
1E. RESIDENCE ADDRESS	1F. CITY, STATE	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.
INDIVIDUAL (LAST NAME FIRST) CHARLENA MARIE MANCHESTEI 2B. MAILING ADDRESS	R 2C. CITY, STATE	7154
P.O. BOX 3655	STATELINE, NE	
ZE. RESIDENCE ADDRESS	2F. CITY, STATE	2G. ZIP CODE
3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET		
4. SECURED PARTY	ZANDE GIRDENG	4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
MAME JACK SIEVERS, DENISE SIEVERS, MARY MAILING ADDRESS 232 BEVERLY WAY	KANNE STEVERS	
CITY GARDNERVILLE STATE NEVADA	ZIP CODE 89410	88-0295073
5. ASSIGNEE OF SECURED PARTY (IF ANY)		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
NAME BANK OF STOCKTON MAILING ADDRESS P.O. BOX 1110		BANK A.B.A. 90-103
CITY STOCKTON STATE CA	ZIP CODE 95201	BANK TRANSIT NO.121101037
This FINANCING STATEMENT covers the following types or items of property (if crops or timber, in owner of such real estate; if fixtures, include description of real property to which affixed or to description of real property from which to be extracted).		
ALL TAHOE REGIONAL PLANNING DEFINED "COVERAGE"	' (I.E., THE TRA	NSFERABLE RIGHT TO DISTURB
NATIVE VEGETATION LOCATED WITHIN THE JURISDIC	CION OF THE TAHO	E REGIONAL PLANNING
AGENCY) ESTIMATED AT ONE HUNDRED THIRTY TWO THE		
(132,925) SQUARE FEET ARISING OUT OF THE OWNER COUNTY, NEVADA COMMONLY KNOWN AS ASSESSOR'S PA		
COUNTY, NEVADA COMMONE! KNOWN AS ASSESSOR S 12	WCEL NO. 07-300	
6ASIGNATURE OF RECORD OWNER	6C. SMAXIMI	M AMOUNT OF INDEBTEDNESS TO
6B. CHARLES STEVEN MANCHESTER (TYPE) RECORD OWNER OF REAL PROPERTY	BE SECU	RED AT ANY ONE TIME (OPTIONAL)
if collateral are lateral are also collatera	I in which a security interest rected (Debtor's Signature	Collateral was brought into this State subject to security interest in another jurisdiction (Debtor's Signature Not Required)
8. Check	diled)	
DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 7	704.205 AND NRS 104.9403.	
9. (Date)	19.	This Space for Use of Filing Officer: (Date, Time, File Number and Filing Officer)
BySIGNATURE(S) OF DEBTOR(S) (TITL	E)	08366
CHARLES STEVEN MANCHESTER CHARLENA MARIE-M	IANCHESTER	
TYPE NAME(S) O MIN DILLY	W/10 -	0
By SIGNATURE(S) OF SECURED PARTY(IES)	gresieve	6 6
JACK SIEVERS, DENISE SIEVERS MARYANNE S	TEVEDO	\sim
TYPE NAME(S)	J.EVERO	က္
10. Return Copy to:		E 10
NAME	· ·	_
NAME ADDRESS LOREN FLEMMER	Trust Account	
CITY, STATE P.O. BOX 1110 AND ZIP STOCKTON CA 05201	Number (If Applicable)	
STOCKTON, CA 95201		WHITE—Alphabetical; PINK—Acknowledgement;
1		GREEN—Secured Party; BLUE—Debtor.

UNIFORM COMMERCIAL CODE-FORM UCC-1 (Rev. 1993)

Approved by the Nevada Secretary of State

(Filling Fees: See Instructions)

(O)-671

· UNIFORM COMMERCIAL CODE - FINANCING STATEMENT - FORM UCC-1

This FINANCING STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code

		Receipt No	<u></u>
DEBTOR (ONE NAME ONLY) Legal Business Name CHARLES STEVEN MANCHES	TER	1A SOCIAL SECURITY OR	FEDERAL TAX NO.
MAILING ADDRESS	1C. CITY, STATE		1D. ZIP CODE
P.O. BOX 3655	STATELINE, N	EVADA	89449
RESIDENCE ADDRESS	1F. CITY, STATE		1G. ZIP CODE
ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) CI LEGAL BUSINESS NAME CHARLENA MARTE MANCHE CERTS		2A. SOCIAL SECURITY OR	_//
INDIVIDUAL (LAST NAME FIRST) CHARLENA MARIE MANCHESTE	2C. CITY, STATE		2D. ZIP CODE
P.O. BOX 3655	STATELINE, N	EVADA	89449
RESIDENCE ADDRESS	2F. CITY, STATE	SVADA	2G. ZIP CODE
ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
SECURED PARTY		4A. SOCIAL SECURITY NO	D. FEDERAL TAX NO.
NAME JACK SIEVERS, DENISE SIEVERS, MAI	RYANNE SIEVERS	OR BANK TRANSIT AI	ND A.B.A. NO.
MAILING ADDRESS 232 BEVERLY WAY	/		
CITY GARDNERVILLE STATE NEVADA	ZIP CODE 89410		
ASSIGNEE OF SECURED PARTY (IF ANY)		5A. SOCIAL SECURITY NO OR BANK TRANSIT AI	. FEDERAL TAX NO.
NAME BANK OF STOCKTON	/	UK BANK IKANSII AI	ND A.B.A. NO.
MAILING ADDRESS P.O. BOX 1110		B ANK A.B.A. 90)-103
CITY STOCKTON STATE CA	ZIP CODE 95201	BANK TRANSIT N	
This FINANCING STATEMENT covers the following types or items of property (if crops or timber owner of such real estate; if fixtures, include description of real property to which affixed or t	r, include description of real prope	ty on which growing or to be growi	ing and name of record
description of real property from which to be extracted).	o oc ameca and hame of record	mici di sucii teal estate, il dii, ga	15 OF HIMEIRIS, MICHBUC
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6B. CHARLES STEVEN MANCHESTER (TYPE) RECORD OWNER OF REAL PROPERTY	MAXIN BE SEC	URED AT ANY ONE TIME (OPTIONAL)	
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