State X County DOUGLA	This STATEMENT is presented for	r filing pursuant to the Nevada Uniform Co	mmercial Code Receipt No
		tement 1B. Date of Orig. Financing Statement	1C. Place of Filing Orig. Financing State
340176	06/14/94	06/10/94	MINDEN, NV
2. DEBTOR (As appears on Original Financi	ing Statement) (ONE NAME ONLY)		2A. SOCIAL SECURITY OR FEDERAL
LEGAL BUSINESS NAME INDIVIDUAL (LAST NAME FIRS	KAMILIE STILART	J.	-5250
2B. MAILING ADDRESS (As Appears on Orig		2C. CITY, STATE	2D
2137 THE BACK ROAD	July 1 manoring of a controller	GLENBROOK, NEVADA	\ \ \
3. ADDITIONAL DEBTOR (IF ANY) (ONE N. LEGAL BUSINESS NAME IX INDIVIDUAL (LAST NAME FIRS	KAMILLE, KATHLEEN	IR.	3A. SOCIAL SECURITY OR FEDERAL T
3B. MAILING ADDRESS 2137 THE BACK ROAD		3C. CITY, STATE GLENBROOK, NEVADA	3D
. ADDITIONAL DEBTOR (IF ANY) (ONE NA	AME ONLY)		4A. SOCIAL SECURITY OR FEDERAL T
LEGAL BUSINESS NAME	T \		
INDIVIDUAL (LAST NAME FIRS	1)	4C. CITY, STATE	4D
5. SECURED PARTY			5A. SOCIAL SECURITY NO. FEDERAL
P O BOY O	MERICA NEVADA	// \ \	OR BANK TRANSIT AND A.B.A. NO.
MAILING ADDRESS F.O. BOX 9 CITY LAS VEGAS	STATE NV	ZIF CODE 89193	94-72-1224
6. ASSIGNEE OF SECURED PARTY (IF ANY			6A. SOCIAL SECURITY NO. FEDERAL
NAME	•		OR BANK TRANSIT AND A.B.A. NO.
MAILING ADDRESS		\ \ / /	
CITY	STATE	ZIP CODE	
X continued. If col	lateral is crops or timber, fixtures, or	etween the foregoing Debtor and Secured Pa r oil, gas or minerals check here and insert which to be extracted in item 8 below. If crop	description of real property on which grove
continued. If col grown or to whice estate. Effective B. RELEASE- From t	lateral is crops or timber, fixtures, or th affixed or to be affixed or from w only if submitted within 6 months pri	r oil, gas or minerals check here \square and insert which to be extracted in item 8 below. If crop	description of real property on which grov os or fixtures, also insert name of record
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