_	NAME & TEL. # OF CO	<u> </u>	s, for 5 years from date of ional)  B. FILING	OFFICE ACCT.# (optional)	]				
c.	RETURN COPY TO: (N	ame and Malling Addr	ess)				À		
		ANKING COMPAI	NY						
	PO BOX 57 STATELIN	700 E, NV 89449		1			\ \		
D. OF	PTIONAL DESIGNATION	(if applicable): TLESSOF	R/LESSEE CONSIGNOR	RICONSIGNEE   TNON-UCC FILING	_		\	\	
			ert only one debtor name					$\vdash$	
-	1a. ENTITY'S NAME H2O SPORTS, LL	.c							
OR	1b. INDIVIDUAL'S LA	AST NAME		FIRST NAME		MIDDLI	ENAME		SUFFIX
PO!	MAILING ADDRESS BOX 311			CITY ZEPHYR COVE		STATE NV	COUNTRY	POSTAL 89448	
88-	6.S. OR TAX I.D.# 0316874	ADD'NL INFO RE ENTITY DEBTOR	e. TYPE OF ENTITY	OR COUNTRY OF CORGANIZATION		l 1g. ENT I	ITY'S ORGAN	IZATIONAI	_ 1.D.#, If ar
2. AD	DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)  2a. ENTITY'S NAME								
OR	2b. INDIVIDUAL'S LA	IDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUF			SUFFIX
2c. M	IAILING ADDRESS			OITY .		STATE	COUNTRY	POSTAL	CODE
	S.S. OR TAXI.D.#	ADD'NL INFO RE ENTITY DEBTORI	e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF   ORGANIZATION			ITY'S ORGAN	IZATIONAI	. I.D.#, if an
з. SE	GURED PARTY'S (  3a. ENTITY'S NAME  NEVADA BANKIN		TOTAL ASSIGNEE) EXAC	T FULL LEGAL NAME - insert only	one secured party	name (3a	or 3b)		
OR	3b. INDIVIDUAL'S LA	ST NAME	\	FIRST NAME		MIDDLE	ENAME		SUFFIX
229	AILING ADDRESS KINGSBURY GRA			STATELINE		STATE NV	COUNTRY	POSTAL 89449	CODE
229 4. Th All	KINGSBURY GRA	MENT covers the following, Equipment	wing types or items of pro and General Intang	STATELINE		NV fically	described	89449 propert	y: ALL

5. CHECK This FINANCING STATEMENT is signed by the Secured Party in collateral already subject to a security interest in another jurisdic location was changed to this state, or (b) in accordance with oth	ction when it was brought into this state	, or when the debtor's procumentary Rep Documentary stamp								
8. REQUIRED SIGNATURES(S)	08508	This FINANCING STATEMENT is to be filed [for record]     (or recorded) in the REAL ESTATE RECORDS     Attach Addendum     [if applicable]								
RYAN FORVILLY, MANAGING MEMBER 0471	11.1	9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) [ADDITIONAL FEE] [Optional] All Debtors Debtor 1 Debtor 2								
CFI ProServices, Inc. 400 S.W. 6th Avenue, Portland, Oregon 97204 (1) FILING OFFICER COPY — NATIONAL FINANCING STATEMENT (FORM UCC1) (TRANS) (REV. 12/18/95)  BK 0 6 9 9 PG 5 4 8 4										
	kan kananan menanda ancia — senama ili ili ili ili ili ili ili ili ili yayoo partee ili ili ayoo ili ili ili ili ili ili ili ili ili i	•								

