

THIS SPACE FOR USE OF FILING OFFICER

UCC-1 NATIONAL FINANCING STATEMENT Follow instructions carefully.
This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for five years from date of filing.

| | |
|--|--|
| A. NAME & PHONE NO. OF FILER (Optional) | B. FILING OFFICER ACCT. NO. (Optional) |
| C. RETURN COPY TO: Name and Mailing Address GREEN TREE FINANCIAL 332 MINNESOTA ST., SUITE 620-D ST. PAUL, MN 55101 | |
| D. OPTIONAL DESIGNATION (If Applicable): <input type="checkbox"/> LESSOR/LESSEE <input type="checkbox"/> CONSIGNER/CONSIGNEE <input type="checkbox"/> NON-UCC FILING | |

1. DEBTOR'S EXACT FULL LEGAL NAME (Insert only one Debtor name: 1a or 1b)

| | | | |
|---|--|--------------------|---|
| 1a. ENTITY'S NAME MARK ROLAND VANSIDENER | | | |
| OR | 1b. INDIVIDUAL'S LAST NAME VANSIDENER | FIRST NAME MARK | MIDDLE NAME ROLAND |
| 1c. MAILING ADDRESS 795 BIGLER COURT | | CITY STATELINE | STATE COUNTRY POSTAL CODE NY USA 89449 |
| 1d. S.S. OR TAX I.D. NO. 3404 | OPTIONAL ADDNL INFO RE ENTITY DEBTOR | 1e. TYPE OF ENTITY | 1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION 1g. ENTITY'S ORGANIZATIONAL I.D. NO. (if any) <input type="checkbox"/> NONE |

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME (Insert only one Debtor name: 2a or 2b)

| | | | |
|--------------------------|--------------------------------------|--------------------|---|
| 2a. ENTITY'S NAME | | | |
| OR | 2b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE COUNTRY POSTAL CODE |
| 2d. S.S. OR TAX I.D. NO. | OPTIONAL ADDNL INFO RE ENTITY DEBTOR | 2e. TYPE OF ENTITY | 2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION 2g. ENTITY'S ORGANIZATIONAL I.D. NO. (if any) <input type="checkbox"/> NONE |

3. SECURED PARTY'S (Original S/P or its Assignee) EXACT FULL LEGAL NAME (Insert only one Secured Party name: 3a or 3b)

| | | | |
|---|----------------------------|------------------|---|
| 3a. ENTITY'S NAME GREEN TREE FINANCIAL | | | |
| OR | 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME SUFFIX |
| 3c. MAILING ADDRESS 332 MINNESOTA ST., SUITE 620-D | | CITY ST. PAUL | STATE COUNTRY POSTAL CODE MN USA 55101 |

4. This FINANCING STATEMENT covers the following types or items of property:

1997 MERCUISER OK005898

BK0899PG2612

0474465

08520

| | |
|--|--|
| 5. CHECK BOX (if applicable) <input type="checkbox"/> This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest (a) in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the Debtor's location was changed to this state, or (b) in accordance with other statutory provisions. (Additional data may be required.) | 7. If filed in Florida (Check one) <input type="checkbox"/> Documentary Stamp Tax paid <input type="checkbox"/> Documentary Stamp Tax not applicable |
| 6. REQUIRED SIGNATURE(S) Mark Roland Vansidener | 8. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record or recorded) in the REAL ESTATE RECORDS Attach Addendum If applicable |
| | 9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) (Optional; Additional fee) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 |



COPY

REQUESTED BY
Green Tree
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

1999 AUG 13 PM 12: 29

LINDA SLATER
RECORDER

\$21⁰⁰ PAID Ka DEPUTY

0474465

BK0899PG2613