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

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

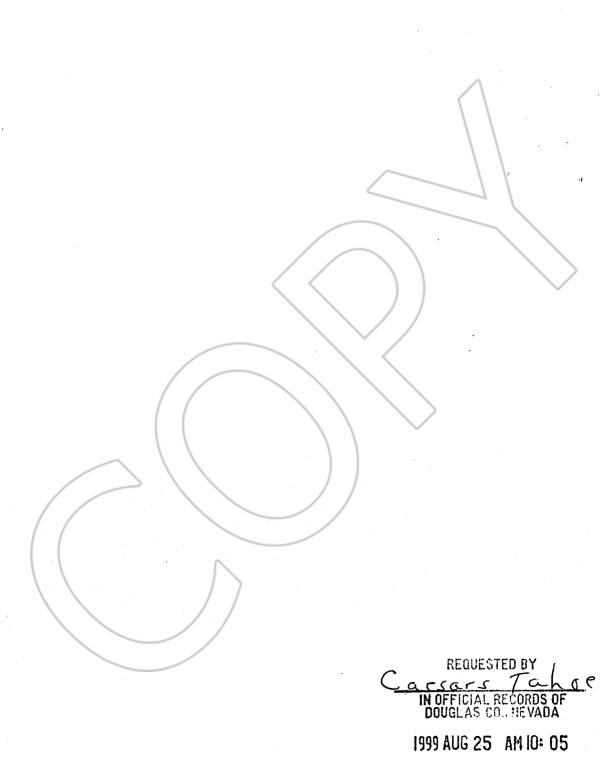
MPORTANT: Read Instructions on back before filling out form.	Receipt No.			
1. DEBTOR (ONE NAME ONLY)  M LEGAL BUSINESS NAME   INDIVIDUAL (LAST NAME FIRST)   LaHavanita Cigar Fact	ory LLC  1a. Social security or federal tax no. 36-4196119			
15. MAILING ADDRESS 1509 S. Michigan Ave., Suite 300	1C. CITY, STATE Chicago,	IL	10. ZIP CODE 60605	
16. RESIDENCE ADDRESS 55 Highway 50	1F. CITY, STATE Lake Tal	noe, NV	1G. ZIP CODE 89449	
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY)  □ LEGAL BUSINESS NAME □ INDIVIDUAL (LAST NAME FIRST)		2A. SOCIAL SECURITY OR	FEDERAL TAX NO.	
2B. MAILING ADDRESS	2C. CITY, STATE	/ /	20. ZIP CODE	
2E. RESIDENCE ADDRESS	2F. CITY, STATE		2G. ZIP CODE	
3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			\	
4. SECURED PARTY  NAME Desert Palace, Inc. (d/b/a Caesa  MAILING ADDRESS 55 Highway 50, P.O. Box 580  CITY Lake Tahoe STATE NV	100	4A. SOCIAL SECURITY NO OR BANK TRANSIT AN 88-0164806	ND A.B.A. NO.	
5. ASSIGNEE OF SECURED PARTY (IF ANY)  NAME  MAILING ADDRESS  CITY  STATE	ZIP CODE	5A. SOCIAL SECURITY NO OR BANK TRANSIT AF	. FEDERAL TAX NO. ND A.B.A. NO.	
6. 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 to description of real property from which to be extracted).	include description of real prope be affixed and name of record of	rty on which growing or to be growing owner of such real estate; if oil, ga	ng and name of record s or minerals, include	
All of Debtor's trade fixtures, consisting of retail display casas, cigar press, cigar roll signage, located at the address set forth in	ler's bench, and	l miscellaneous	(2)	
6ASIGNATURE OF RECORD OWNER	6C SMAYI	JIIM AMOIINT OF INDERTEDNESS TO		
68	BE SEC	AUM AMOUNT OF INDEBTEDNESS TO JURED AT ANY ONE TIME (OPTIONAL)		
if \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ds of above described original al in which a security interest erfected (Debtor's Signature quired)	est U to security interest in another jurisdiction		
Check if Applicable  DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS	704.205 AND NRS 104.9403.			
(Date) 6/18	11 19 99	This Space for Use of Filing Of Number and Filing Officer)	Hicer: (Date, Time, Fil	
By SIGNATURE(S) OF DEBTOR(S)  Mark Krebs	.O.O.	085	21	
By DYPE NAME(S)	MANCE		02	
Mark Fuller, VP of Finance	TITLE)		5202	
10. Return Copy to:			740	
NAME Caesars Tahoe ADDRESS PO Box 5800	Trust Account			
CITY, STATE AND ZIP  Stateline, NV 89449	Number (if Applicable)	·		
		WHITE—Alphabetical; PINK—Acknowledgement; GREEN—Secured Party; BLUE—Debtor.		

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

Approved by the Nevada Secretary of State

(Filing Fees: See Instructions)

(0)-671



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LINDA SLATER
RECORDER

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