This FINANCING STATEMENT is presented for filing pur . DEBTOR (LAST NAME FIRST)		1A. SOCIAL SECURITY	OR FEDERAL TAX
DKL Inc.		88-0349891	
B. MAILING ADDRESS	1C. CITY, STATE		1D. ZIP CODE
1637 Esmeralda Pl.	Minden, NV		89423
E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)	1F. CITY, STATE		1G. ZIP CODE
ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL SECURITY	OR FEDERAL TAX
B. MAILING ADDRESS	2C. CITY, STATE	()	2D. ZIP CODE
E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)	2F. CITY, STATE		2G. ZIP CODE
DEBTOR(S) TRADE NÂMES OR STYLES (IF ANY)		3A. FEDERAL TAX NO.	
ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)	2A. CITY, STATE		2B. ZIP CODI
1637 Esmeralda PI.	Minden, NV		89423
SECURED PARTY		5A. SOCIAL SECURITY NO. OR BANK TRA	
NAME First Security Bank of Nevada		NO. OR BANK TRA	NSIT AND A.B.A. NO
MAILING ADDRESS 901 North Stewart		88-0249697	
CITY Carson City STATE NV ASSIGNEE OF SECURED PARTY (IF ANY)	ZIP CODE 89701-4	082 6A. SOCIAL SECURITY	NO FEDERAL TAX
NAME	/ / \ \	NO. OR BANK TRAI	NSIT AND A.B.A. NO
MAILING ADDRESS		\	\)
CITY STATE	ZIP CODE		
later; all accessions, additions, replacements, and substitutions relations foregoing; all proceeds relating to any of the foregoing (including installation). This Financing Statement is to be recorded in the real estate record estate: 1637 Esmeralda Pl. Minden, NV 89423.	surance, general intangibles and	I records of any kind relati I other accounts proceeds	ing to any of the).
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Approved by the Secretary of State BK 0899FG4643