

UNIFORM COMMERCIAL CODE — FINANCING STATEMENT — FORM UCC-1

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

IMPORTANT: Read Instructions on back before filling out form.

Receipt No. _____

1. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <u>Taylor, Todd Larry</u>		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-2854	
1B. MAILING ADDRESS <u>POB 1625</u>		1C. CITY, STATE <u>Zephyr Cove, NV</u>	
1E. RESIDENCE ADDRESS		1D. ZIP CODE <u>89448</u>	
1F. CITY, STATE		1G. ZIP CODE	
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	
2E. RESIDENCE ADDRESS		2D. ZIP CODE	
2F. CITY, STATE		2G. ZIP CODE	
3. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
4. SECURED PARTY NAME <u>Anytime Powersports</u> MAILING ADDRESS <u>11357 Deerfield Dr.</u> CITY <u>Truckee, Ca. 96161</u>		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. <u>91-1845850</u>	
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME XXXXXXXXXXXXXXXXXXXX <u>BOMBARDIER CAPITAL INC</u> MAILING ADDRESS <u>P O. BOX 600610</u> CITY <u>JACKSONVILLE, FL</u> STATE <u>32260-0610</u> CODE		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. <u>04-2565116</u>	

6. This FINANCING STATEMENT covers the following types or items of property (if crops or timber, include description of real property on which growing or to be growing and name of record owner of such real estate; if fixtures, include description of real property to which affixed or to be affixed and name of record owner of such real estate; if oil, gas or minerals, include description of real property from which to be extracted). Douglas Co.

2000 Ski Doo Summit 700 Vin # 2BPS15635YV000136
 2000 Ski Doo Summit 700 Vin # 2BPS1563XYV000097

6A. _____ **SIGNATURE OF RECORD OWNER**

6B. _____ **(TYPE) RECORD OWNER OF REAL PROPERTY**

6C. \$ _____ **MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)**

7. Check if Applicable <input checked="" type="checkbox"/>	A. <input type="checkbox"/> Proceeds of collateral are also covered	B. <input type="checkbox"/> Products of collateral are also covered	C. <input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected (Debtor's Signature Not Required)	D. <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction (Debtor's Signature Not Required)
8. Check if Applicable <input checked="" type="checkbox"/>	<input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403.			

9. _____ (Date) _____ 19____

By (See Attached) Todd Larry Taylor (Debtor)
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By ~~XXXXXXXXXXXXXXXXXXXX~~ Yol'anda Ross
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)
Attorney-In-Fact for Anytime Powersports
TYPE NAME(S)

11. This Space for Use of Filing Officer: (Date, Time, File Number and Filing Officer)

08561

0484526

BK0100PG2355

WHITE—Alphabetical; PINK—Acknowledgement;
 GREEN—Secured Party; BLUE—Debtor.

10. Return Copy to:

<input checked="" type="checkbox"/> BOMBARDIER CAPITAL INC P O. BOX 600610 JACKSONVILLE, FL 32260-0610	Trust Account Number (If Applicable)
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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 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)		B. FILING OFFICE ACCT. # (optional)	
C. RETURN COPY TO: (Name and Mailing Address)			
D. OPTIONAL DESIGNATION (if applicable):			
<input type="checkbox"/> LESSOR/LESSEE	<input type="checkbox"/> CONSIGNOR/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

OR

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Taylor	Todd	Larry	

1c. MAILING ADDRESS	CITY	STATE	COUNTRY	POSTAL CODE
P.O. Box 1625	Zephyr Cove	NV		89448

1d. S.S. OR TAX I.D.#	OPTIONAL ADD'NL INFO RE ENTITY DEBTOR	1e. TYPE OF ENTITY	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	1g. ENTITY'S ORGANIZATIONAL I.D.#, if any
2854				<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.#	OPTIONAL ADD'NL INFO RE ENTITY DEBTOR	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2g. ENTITY'S ORGANIZATIONAL I.D.#, if any
				<input type="checkbox"/> NONE

3. SECURED PARTY'S (ORIGINAL S/P OR ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	COUNTRY	POSTAL CODE

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

5. CHECK <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) <i>(ALL RIGHTS RESERVED, WITHOUT PREJUDICE UCC 1-207)</i> Todd Larry Taylor (Debtor)	8. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Attach Addendum [if applicable]
0484526	9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) [ADDITIONAL FEE] (optional) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2

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COPY

REQUESTED BY
Bombardier Capital
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 JAN 14 PM 2:35

LINDA SLATER
RECORDER

\$17⁰⁰ PAID DEPUTY

0484526
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