

# 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 type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>Stender, Tom S</b>		1A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>3504</b>	
1B. MAILING ADDRESS		1C. CITY, STATE	1D. ZIP CODE
1E. RESIDENCE ADDRESS <b>1447 Palisade Circle</b>		1F. CITY, STATE <b>Gardnerville, NV</b>	1G. ZIP CODE <b>89410</b>
2. ADDITIONAL DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>Stender, Loretta</b>		2A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>2048</b>	
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS <b>1447 Palisade Circle</b>		2F. CITY, STATE <b>Gardnerville, NV</b>	2G. ZIP CODE <b>89410</b>

3.  ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME <b>BK WEST</b> MAILING ADDRESS <b>PO BX 8160</b> CITY <b>Walnut Creek</b> STATE <b>CA</b> ZIP CODE <b>94596</b>		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	

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).  
**2000 Fleetwood Angler Cabover Camper  
1EL6B080XY2397686**

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. NRS 104.9306	B. <input type="checkbox"/> Products of collateral are also covered. NRS 104.9402	C. <input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected (Debtor's Signature Not Required). NRS 104.9402	D. <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction (Debtor's Signature Not Required). NRS 104.9402
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8. Check if Applicable  DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403.

9. (Date) **March 15th** 19 **00**

By *T. Stender* SIGNATURE(S) OF DEBTOR(S) *Loretta Stender* (TITLE)  
**Stender, Tom S** **Stender, Loretta**  
TYPE NAME(S)

By *[Signature]* SIGNATURE(S) OF SECURED PARTY(IES) \_\_\_\_\_ (TITLE)  
**BANK OF THE WEST**  
**GOMEZ, CYNTHIA**

10. Return Copy to:

NAME ADDRESS CITY, STATE AND ZIP <b>Carson RV Inc. 4550 N. Carson St. Carson City, NV 89706</b>	Trust Account Number (If Applicable)
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11. This Space for Use of Filing Officer: (Date, Time, File Number and Filing Officer)

**08595**

**0489482**  
**BK0400PG0937**

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

COPY

REQUESTED BY  
*Bank of the West*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 APR -7 AM 9:49

LINDA SLATER  
RECORDER

\$17<sup>00</sup> PAID *K2* DEPUTY

0489482

BK0400PG0938