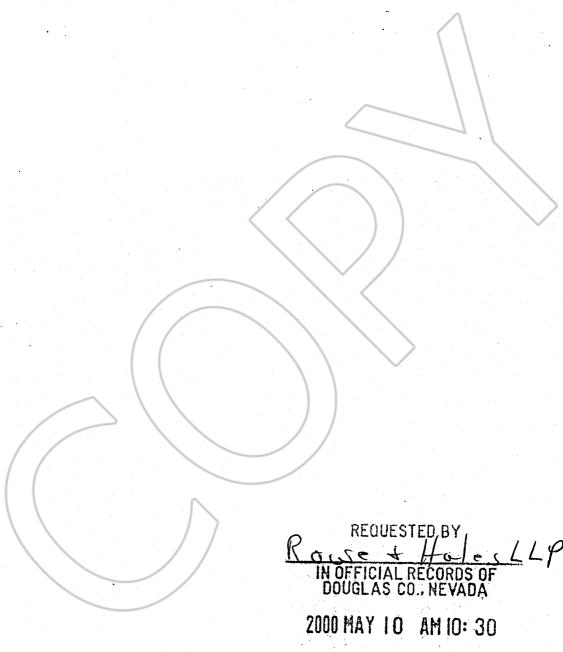
UNIFORM COMMERCIAL CODE — FINANCING STATEMENT — FORM UCC-1

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

| PORTANT: Read instructions on back before filling out form. | | Receipt No | |
|--|---|---|--|
| DEBTOR(ONE NAME ONLY) □ LEGAL BUSINESS NAME □ LAND HAND THEST NAME THEST PASQUAL CIOFFI | | 1A. SOCIAL SECURITY OR FED | ERAL TAX NO. |
| □ INDIVIDUAL (LAST NAME FIRST) MAILING ADDRESS | 1C. CITY, STATE | | 1D. ZIP CODE |
| 1488 Highway 395 | Gardnervil: | Le, NV | 89410 |
| RESIDENCE ADDRESS | 1F. CITY, STATE | | 1G. ZIP CODE |
| ADDITIONAL DEBTOR (IF ANY)(ONE NAME ONLY) | | 2A. SOCIAL SECURITY OR FED | DERAL TAX NO. |
| □ LEGAL BUSINESS NAME □ INDIVIDUAL (LAST NAME FIRST) MAILING ADDRESS TWO Guys from Ita | aly 20. city, state | | 2D. ZIP CODE |
| 1488 Highway 395 | Gardnervil: | ie. NV | 89410 |
| RESIDENCE ADDRESS | 2F. CITY, STATE | | 2G. ZIP CODE |
| ADDITIONAL DESTROYOU ON ATTACHED QUEST | | | |
| ADDITIONAL DEBTOR(S) ON ATTACHED SHEET | | \ \ | Comment of the State of the Sta |
| NAME Jesus Rey & Carlos Iriba: MAILING ADDRESS 1029 Riverview | rren | 4A. SOCIAL SECURITY NO. FE OR BANK TRANSIT AND A | DERAL TAX NO. A.B.A. NO. |
| CITY Gardnerville STATE Nevada | ZIP CODE 89410 | | |
| ASSIGNEE OF SECURED PARTY (IF ANY) NAME | | 5A. SOCIAL SECURITY NO. FE OR BANK TRANSIT AND A | DERAL TAX NO. .B.A. NO. |
| MAILING ADDRESS | | | 1 |
| CITY STATE | ZIP CODE | \ | / / |
| This FINANCING STATEMENT covers the following types or items of property (if crops or timbe owner of such real estate; if fixtures, include description of real property to which affixed or the description of real property from which to be extracted.) | r, include description of real property o be affixed and name of record ov | on which growing or to be growing a rner of such real estate; if oil, gas o | and name of recor r minerals, includ |
| lescription of real property from which to be extracted). | /) | | |
| All furniture fixtures and equipment | located at De | ebtor's restaur | ant at |
| the above address. See attachment | | | |
| the above address. Dec accasiment | 1 TOL CHO LOGG | | |
| | | | |
| α | | | |
| 6A. Lack July | 6C. \$ | | |
| SIGNATURE OF RECORD OWNER | MAXIMU BE SECIL | M AMOUNT OF INDEBTEDNESS TO RED AT ANY ONE TIME (OPTIONAL) | |
| 6B. <u>Jesus Rey Carlos Tribarren</u> (TYPE) RECORD OWNER OF REAL PROPERTY | 1 0200 | TEO AT ANY ONE TIME (OF HOUSE) | |
| Applicable Collateral are Lateral are also Lollateral are also Covered Covered NRS Was | eds of above described original eral in which a security interest perfected (Debtor's Signature equired). NRS 104.9402 | Collateral was brought into to security interest in a (Debtor's Signature Not 104,9402 | nother jurisdictio |
| Image: Image: Image: NRS 104.9306 NRS 104.9306 NRS 104.9402 Not R Check NRS 104.9306 NRS 104.9402 Not R | equired). NAS 104.9402 | 104.9402 | the second secon |
| if Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NR | S 704.205 AND NRS 104.9403. | | |
| 1 11 911 | 11. | This Space for Use of Filing Office Number and Filing Officer) | er: (Date, Time, |
| | <u> </u> | 08611 | |
| Saturboth | | | |
| SIGNATURE(S) OF DEBTON(S) Pasqual Cioffi | ITLE) | | |
| TYPE NAME(S) | | | |
| SIGNATURES) OF SECURED PARTY(IES) | Juliu (IIIIE) | | |
| Jesus Rey Carlos I | Tribarren | | 7 0 |
| TYPE NAME(S) | | | - |
| Return Copy to: | | | |
| Rowe & Hales, LLP | Trunt | | |
| RESS Town of Hales | Trust Account | | |
| Rowe & Hales, LLP RESS STATE James Hales ZIP P.O. Box 2080 Minden, NV 89423 | Number (If Applicable) | | · · · |
| Mindon Nul 89472 | | MUITE Alababatta-ta Dibir. | uuladaa |
| LICENTINA OLICO | | WHITE—Alphabetical; PINK—Ackno GREEN—Secured Party; BLUE- | wieagement; –Debtor. |
| ORM COMMERCIAL CODE-FORM UCC-1 (Rev. 12-93) Approved by the Nevada | Secretary of State | (Filing Fees: See Instructions) | (O)-671 @ |
| | | | |



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LINDA SLATER RECORDER