

STATE OF NEVADA

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) RAMSTAD, DANA L		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 5956
1B. MAILING ADDRESS PO BOX 4436	1C. CITY, STATE STATELINE, NV	1D. ZIP CODE 89449
1E. RESIDENCE ADDRESS PO BOX 4436	1F. CITY, STATE STATELINE, NV	1G. ZIP CODE 89449

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	2D. ZIP CODE
2E. RESIDENCE ADDRESS	2F. CITY, STATE	2G. ZIP CODE

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME THE ASSOCIATES MAILING ADDRESS 550 N. MCCARRAN BLVD CITY SPARKS STATE NV ZIP CODE 89431		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).

HOUSEHOLD GOODS - SEE SCHEDULE A ATTACHED

THIS SPACE FOR USE OF FILING OFFICER

6A. _____ SIGNATURE OF RECORD OWNER	6C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)
6B. _____ (TYPE) RECORD OWNER OF REAL PROPERTY	

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)
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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) **JULY 28, 2000** 19____

By *DANA* SIGNATURE(S) OF DEBTOR(S) _____ (TITLE)

DANA RAMSTAD TYPE NAME(S)

By *Carol Weatherby* SIGNATURE(S) OF SECURED PARTY(IES) *Asst Mgr* (TITLE)

THE ASSOCIATES BY CAROL WEATHERBY TYPE NAME(S)

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

08634

0497451
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10. **Return Copy to:**

<input checked="" type="checkbox"/> THE ASSOCIATES NAME ADDRESS CITY, STATE AND ZIP 550 N. MCCARRAN BLVD SPARKS, NV 89431	Trust Account Number (If Applicable)
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WHITE—Alphabetical; PINK—Acknowledgement; GREEN—Secured Party; BLUE—Debtor.

SCHEDULE A SECURITY LISTING
(CHECK THE APPROPRIATE BOX(ES) AND DESCRIBE ITEM(S))

Borrower Name(s) _____

A. Purchase Money Security

(Any type of household goods or personal property may be listed in 1 & 2)

1. Direct Loan Purchase Money Security

(When proceeds are used to purchase specific items)

2. Security From

Prior ATP Acct. # _____

B. Non Purchase Money Security

Give complete description -- make/model.

1. Sports Equipment:

- Bicycles _____ \$ _____
- Fishing Equipment _____ \$ _____
- _____ \$ _____
- Golf Clubs/Carts _____ \$ _____
- _____ \$ _____
- Ping Pong/Pool Tables _____ \$ _____
- ATV All Terrain Vehicle _____ \$ _____
- Canoe/Rowboat _____ \$ _____
- Surfboards/Windsurfer Boards _____ \$ _____
- Camping Equipment _____ \$ _____
- _____ \$ _____
- Exercise Equipment _____ \$ _____
- _____ \$ _____
- Ski Equipment _____ \$ _____
- _____ \$ _____

2. Rifles/Shotguns (no handguns):

_____ \$ _____

3. Camera Equipment:

- Cameras _____ \$ _____
- Lens _____ \$ _____

4. Telescope: _____ \$ _____

5. Microscope: _____ \$ _____

6. Binoculars: _____ \$ _____

7. Hand and Power Tools:

- Table/Radial Arm Saw _____ \$ _____
- Lathe _____ \$ _____
- Electric Sander/Grinder _____ \$ _____
- Paint Sprayer _____ \$ _____
- Drill and Bits _____ \$ _____
- Chain or Circular Saw _____ \$ _____
- Hand Tools _____ \$ _____
- _____ \$ _____
- Ladders _____ \$ _____

8. Lawn and Garden Equipment:

- Lawn Mower _____ \$ _____
- Weed Eater/Edger _____ \$ _____
- Wheelbarrow _____ \$ _____
- Snowblower _____ \$ _____
- Garden Tools _____ \$ _____

9. Books/Encyclopedias: _____ \$ _____

10. Auto Repair Equipment: _____ \$ _____

11. Typewriter(s): _____ \$ _____

12. Clock(s): _____ \$ _____

13. Artworks:
Paintings, Statues, Figurines, Wall Hangings,
Pictures, Prints & Tapestries _____ \$ _____

14. Television (Excess of 1) _____ \$ _____

_____ \$ _____

15. Satellite Dish: _____ \$ _____

16. Radio (excess of 1): _____ \$ _____

Citizens Band Radio/Transmitter _____ \$ _____

Shortwave Band Receiver/Transmitter _____ \$ _____

17. Video Equipment:
VCR/Disc Player _____ \$ _____

_____ \$ _____

Video Game Computers _____ \$ _____

_____ \$ _____

Video Games _____ \$ _____

Video Tapes _____ \$ _____

Video Camera _____ \$ _____

18. Home Computers:
Equipment _____ \$ _____

Software _____ \$ _____

19. Stereo Equipment:
Receiver/Amplifier _____ \$ 2000.00

Compact Disc Player _____ \$ _____

Microphone _____ \$ _____

Turntable _____ \$ _____

Speakers _____ \$ _____

Cassette Player/Recorder _____ \$ _____

Compact Discs/Cassettes/Record Albums _____ \$ _____

20. Piano or Organ: _____ \$ _____

21. Musical Instruments:
Drums _____ \$ _____

Instruments _____ \$ _____

Guitars _____ \$ _____

Amplifiers _____ \$ _____

I (WE) ESTIMATE THE TOTAL REPLACEMENT COST NEW OF THE ABOVE ITEMS TO BE \$ _____

Date _____

Borrower WJA

Witness Carl Weatherly

Borrower _____

Where Personal Property Insurance is purchased by the customer, the amount of coverage may not exceed the lesser of the value stated on the above listing or the Amount Financed of the loan. Review your State Insurance Guidelines for any exceptions.

ORIGINAL (1)
BORROWER COPY (1)
RETENTION COPY (1)

0497451

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COPY

REQUESTED BY
The Associates
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 AUG 11 AM 9: 32

LINDA SLATER
RECORDER

\$17⁰⁰ PAID K2 DEPUTY

0497451

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