

1. DEBTOR (LAST NAME FIRST) S.T. Baggett, Inc.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 88-0333701	
1B. MAILING ADDRESS 1700 County Road, Suite C		1C. CITY, STATE Minden, NV	1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2F. CITY, STATE	2G. ZIP CODE
3. DEBTOR(S) TRADE NAMES OR STYLES (IF ANY)		3A. FEDERAL TAX NO.	
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY) 1700 County Road, Suite C		2A. CITY, STATE Minden, NV	2B. ZIP CODE 89423
5. SECURED PARTY NAME First Security Bank of Nevada MAILING ADDRESS 901 North Stewart CITY Carson City STATE NV ZIP CODE 89701-4082		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0249697	
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	

7. 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 grown 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).

All Accounts; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other accounts proceeds).

7A. _____ SIGNATURE OF RECORD OWNER

7B. _____ (TYPE) RECORD OWNER OR REAL PROPERTY

7C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

8. Check <input checked="" type="checkbox"/> If Applicable	A <input checked="" type="checkbox"/> Proceeds of collateral are also covered	B <input checked="" 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	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction
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9. Check If Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

10. (Date) <u>January 31,</u> <u>2000</u> By: <u>S. T. Baggett, Inc.</u> By: <u>[Signature]</u> <u>S. T. Baggett, Pres.</u> By: <u>[Signature]</u> <u>R. N. Fruzza, V.P.</u>	12. This Space for Use of Filing Officer (Date, Time, File Number and Filing Officer) <p style="text-align: right; font-size: 24pt;">08635</p> <p style="text-align: center;">REQUESTED BY <u>1st Security Bank</u> IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA</p> <p style="text-align: center;">2000 AUG 18 PM 2:14</p> <p style="text-align: center;">LINDA SLATER RECORDER</p> <p style="text-align: center;">\$15⁰⁰ PAID <u>Kg</u> DEPUTY</p>
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11. Return Copy to

NAME **First Security Bank of Nevada**
 ADDRESS **901 North Stewart**
 CITY, STATE AND ZIP **Carson City, NV 89701-4082**
 Attn: **R. N. Fruzza**

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