

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) EISELE, ROBERT S | | 1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 9273 | |
| 1B. MAILING ADDRESS 1310 WHEELER WAY | | 1C. CITY, STATE GARDNERVILLE NV | |
| 1E. RESIDENCE ADDRESS | | 1D. ZIP CODE 89410 | |
| 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 BANK ONE NA MAILING ADDRESS P O BOX 37264 CITY LOUISVILLE STATE KY ZIP CODE 40232 | | 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).

1999 MERCURY FOUR STROKE VIN# OG877941

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 DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403.

9. (Date) **DECEMBER 12TH** ^{XX}00

By *[Signature]* SIGNATURE(S) OF DEBTOR(S) _____ (TITLE)

ROBERT S EISELE

By *[Signature]* SIGNATURE(S) OF SECURED PARTY(IES) _____ (TITLE)

XXXXXXXXXXXXX BANK ONE NA

TYPE NAME(S)

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

08665

0508127

BK0201PG0505

10. **Return Copy to:**

BANK ONE NA
 NAME ADDRESS CITY, STATE AND ZIP **PO BOX 37264 LOUISVILLE KY 40232**

Trust Account Number (If Applicable)

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

THIS SPACE FOR USE OF FILING OFFICER

COPY

REQUESTED BY

Bank One

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 FEB -5 AM 11: 16

LINDA SLATER
RECORDER

\$16⁰⁰ PAID K2 DEPUTY

0508127

BK0201PG0506