

|  |                                      |   |
|--|--------------------------------------|---|
| 1. DEBTOR (LAST NAME FIRST)<br><b>Kreller Enterprises "Minden" LLC</b> |                                      | 1A. SOCIAL SECURITY OR FEDERAL TAX NO.<br><b>2315</b> |
| 1B. MAILING ADDRESS<br><b>1758 Highway 395 North</b>                   | 1C. CITY, STATE<br><b>Minden, NV</b> | 1D. ZIP CODE<br><b>89423</b>                          |
| 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) |  | 2A. CITY, STATE     |
|  |  | 2B. ZIP CODE        |

|                  |   |   |
|------------------|---|---|
| 5. SECURED PARTY |   | 5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. |
| NAME             | <b>NEVADA STATE BANK</b>                            | <b>4190</b>   |
| MAILING ADDRESS  | <b>2200 Highway 50 East</b>                         |   |
| CITY             | <b>Dayton</b> STATE <b>NV</b> ZIP CODE <b>89403</b> |   |
|                  |   |   |

|                                       |       |   |
|---------------------------------------|-------|---|
| 6. ASSIGNEE OF SECURED PARTY (IF ANY) |       | 6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. |
| NAME                                  |       |   |
| MAILING ADDRESS                       |       |   |
| CITY                                  | STATE | ZIP CODE  |

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.  
**See Attached Exhibit to UCC Financing Statement dated January 9, 2001.**

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 |
|--|---|---|---|--|

9. Check  if Applicable  DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

|  |   |
|--|---|
| 10. <b>4386329-9001</b> (Date) <b>1-9-201</b>                  | 12. This Space for Use of Filing Officer (Date, Time, File Number and Filing Officer)<br><b>08667</b> |
| <b>KRELLER ENTERPRISES "MINDEN" LLC</b>                        |   |
| By: <i>J.K. Kreller</i> <i>Phyllis Kreller</i> <b>MANAGERS</b> |   |
| SIGNATURE(S) OF DEBTOR(S) (TITLE)                              |   |
| <b>NEVADA STATE BANK</b>                                       |   |
| By: <i>Shirley Rodgers</i> <b>SHIRLEY RODGERS, MANAGER</b>     |   |
| SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)                     |   |

11. Return Copy to

NAME ADDRESS CITY, STATE AND ZIP **NEVADA STATE BANK-CLSD 3800 600 White Drive P.O. BOX 990 LAS VEGAS, NV 89125-0990**

# EXHIBIT TO UCC-1 FINANCING STATEMENT

January 9, 2001

## DEBTOR

Kreller Enterprises "Minden" LLC SSN / Tax ID # 88-0472315

## MAILING ADDRESS:

1758 Highway 395 North, Minden, NV 89423


## COLLATERAL DESCRIPTION:

All equipment, furniture & fixtures of Debtor now owned or hereafter acquired now or at any time located or installed on the land or in the improvements at 1758 Highway 395 North, Minden, NV 89423 and wherever located.

All inventory of debtor, including all goods, merchandise, raw materials, goods in process, finished goods, and other tangible personalty now owned or hereafter acquired and held for sale or lease, furnished or to be furnished, under contracts of service or used or consumed in the business of debtor and wherever located.; 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 accounts proceeds).

This Financing Statement is to be recorded in the real estate records. Some or all of the collateral is located on the following described real estate: 1758 Highway 395 North, Minden, Nevada 89423. APN: 01-127-03 & 01-127-10

This Exhibit is executed on the same date as the UCC-1 Financing Statement by NEVADA STATE BANK and the undersigned.

  
\_\_\_\_\_  
J K KRELLER, MANAGER  
Signature(s) of Debtor(s)

NEVADA STATE BANK  
By:   
\_\_\_\_\_  
SHIRLEY RODGERS, MANAGER  
Signature(s) of Secured Party (ies)

0508763

BK0201PG2829

COPY

REQUESTED BY  
*Nevada State Bank*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 FEB 15 PM 2:55

LINDA SLATER  
RECORDER.

\$17.<sup>00</sup> PAID *KJ* DEPUTY

0508763

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