

UNIFORM COMMERCIAL CODE - FINANCING STATEMENT - FORM N-UCC-1

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

IMPORTANT: Read instructions before filling out form. This form must be accompanied by appropriate fees.

1. DEBTOR (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) BULICK, Donna L.		1 A. SOCIAL SECURITY OR FEDERAL TAX NO. ██████████-4615	
1 B. MAILING ADDRESS P.O. Box 3448		1 C. CITY, STATE Stateline, NV	1 D. ZIP CODE 89449
1 E. RESIDENCE ADDRESS 436 Arthur Drive		1 F. CITY, STATE Stateline, NV	1 G. ZIP CODE 89449
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) DB Photography		2 A. SOCIAL SECURITY OR FEDERAL TAX NO. ██████████-4615	
2 B. MAILING ADDRESS P.O. Box 3448		2 C. CITY, STATE Stateline, NV	2 D. ZIP CODE 89449
2 E. RESIDENCE ADDRESS		2 F. CITY, STATE	2 G. ZIP CODE
3. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
4. SECURED PARTY NAME Nevada Microenterprise Initiative MAILING ADDRESS 113 West Plumb Lane CITY Reno STATE NV ZIP CODE 89509		4 A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0330270	
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		5 A. 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). All machinery, equipment, furniture, fixtures and/or inventory now owned, purchased with this loan proceeds, and/or hereafter acquired, wherever located and proceeds there from.			
6 A. _____ SIGNATURE OF RECORD OWNER		6 C. _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)	
6 B. (TYPE) RECORD OWNER OF REAL PROPERTY			
7. Check if Applicable	A. <input type="checkbox"/> Proceeds of collateral are also covered. NRS 104.9306	B. <input type="checkbox"/> Products of collateral are also covered. NRS 104.9402	C. <input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected (Debtor's Signature Not Required). NRS 104,9402
8. Check if Applicable	D. <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction (Debtor's Signature Not Required). NRS 104.9402		
8. Check if Applicable <input type="checkbox"/> DEBTOR IS A "PUBLIC UTILITY" IN ACCORDANCE WITH NRS 105.010			

9. (Date) **January 31, 2001**
By *Donna L. Bulick* **Owner**
SIGNATURE(S) OF DEBTOR(S) (TITLE)
Donna L. Bulick
TYPE NAME(S)
By *Anna Siefert* **Loan Fund Manager**
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)
Anna Siefert
TYPE NAME(S)

10. Return Copy to:
NAME **Nevada Microenterprise Initiative**
ADDRESS **1600 East Desert Inn Road,**
CITY STATE AND ZIP **Suite 210
Las Vegas, NV 89109**
Trust Account Number (if Applicable)

11. This Space for Use of Filing Officer: (Date, Time, File Number and Filing Officer)
08686
REQUESTED BY
Nevada Micro Enterprise
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA
2001 APR 20 PM 4:05
LINDA SLATER
RECORDER
s/16 **PAID** *KD* **DEPUTY**

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