

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) <b>GONZALES, PAUL W</b>		1A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>██████████-2065</b>
1B. MAILING ADDRESS <b>PO BOX 5115</b>		1C. CITY, STATE <b>STATELINE NV</b>
1E. RESIDENCE ADDRESS		1D. ZIP CODE <b>89449</b>
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		1F. CITY, STATE
2B. MAILING ADDRESS		1G. ZIP CODE
2E. RESIDENCE ADDRESS		2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2C. CITY, STATE		2D. ZIP CODE
2F. CITY, STATE		2E. ZIP CODE

3.  ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME <b>BANK ONE NA</b> MAILING ADDRESS <b>PO BOX 37264</b> CITY <b>LOUISVILLE</b> STATE <b>KY</b> ZIP CODE <b>40232</b>		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
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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.
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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).

**2000 MERCURY 50ELPT FOURSTROKE VIN#OG961397**

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

9. By *Paul W. Gonzales* (Date) *4-20-01* 19\_\_\_\_  
SIGNATURE(S) OF DEBTOR(S) (TITLE)  
**PAUL W GONZALES**  
TYPE NAME(S)

By *Anne Elgans* *Agent for Bank*  
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)  
**BANK ONE NA**  
TYPE NAME(S)

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

**08691**

**0513952**  
**BK0501PG3014**

10.  Return Copy to:

NAME ADDRESS CITY, STATE AND ZIP	<b>BANK ONE NA</b> <b>PO BOX 37264</b> <b>LOUISVILLE KY 40232</b> <i>Requestor or return in SASE to</i>	Trust Account Number (if Applicable)
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WHITE—Alphabetical; PINK—Acknowledgement; GREEN—Secured Party; BLUE—Debtor.

COPY

REQUESTED BY  
Bank One  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 MAY 11 AM 9:45

LINDA SLATER  
RECORDER

\$16<sup>00</sup> PAID Kg DEPUTY

0513952

BK0501PG3015