REGREE FROM
Registré, Inc.
514 PIERCE 57.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

STATE OF NEVADA

31454

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

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

| IMPORTANT: Read in | istructions before filling out | form. This form must be ac | companied by appropriate fees. |
|--|--|--|--|
| 1. DEBTOR (ONE NAME ONLY) LEGAL BUSINESS NAME INDIVIDUAL (LAST NAME FIRST) 1B. MAILING ADDRESS | Henoricks | 1C. CITY, STATE | 1A. SOCIAL SECURITY OR FEDERAL TAX NO. 1D. ZIP CODE |
| | 3 Wagon R | or. Garone | |
| 2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME OF LEGAL BUSINESS NAME INDIVIDUAL (LAST NAME FIRST) 2B. MAILING ADDRESS | JLY) | 2C. CITY, STATE | 2A. SOCIAL SECURITY OR FEDERAL TAX NO. 2D. ZIP CODE |
| 2E. RESIDENCE ADDRESS | | 2F. CITY, STATE | 2G. ZIP CODE |
| 3. ADDITIONAL DEBTOR(S) ON ATTACHED SHE | ET | | |
| 4. SECURED PARTY | | | 4A. SOCIAL SECURITY OR FEDERAL TAX NO. |
| NAME | | | NO. OR BANK TRANSIT AND A.B.A. NO. |
| MAILING ADDRESS | / | | |
| CITY | STATE Citifinancia | ZIP CODE | |
| 5. ASSIGNEE OF SECURED PARTY (IF ANY) | 550 N. McCarran | | 5A. SOCIAL SECURITY OR FEDERAL TAX NO. |
| NAME | Sparks, NV 894 | 131 | NO. OR BANK TRANSIT AND A.B.A. NO. |
| MAILING ADDRESS | Opa , | \ \ / | |
| CITY | STATE | ZIP CODE | |
| real estate; if fixtures, include description of real which to be extracted). 6A | property to which affixed or to be affixed an RECORD OWNER | d name of record owner of such real estat CON ALCUMA 6C | hich growing or to be growing and name of record owner of such e; if oil, gas or minerals, include description of real property from M AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL) |
| 7. Check if Applicable A. Proceeds of collateral are also covered. NRS 104.9306 | B. Products of collateral are also covered. NRS 104.9402 | Proceeds of above-described original collateral in which a security interest was perfected (Debtor's Signature Not Required). NRS 104.9402 | D. 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 DEBTOR IS A "PUBLIC | UTILITY" IN ACCORDANCE WITH NRS 105 | 5.010 | |
| 9. | | 11. | This Space for Use of Filing Officer: (Date, Time, File Number |
| (By TroA/V | Date | | and Filing Officer) |
| TODD/H | TYPE NAVE(S) OF SECURED PARTY(IES) | (TITLE) | 08696 |
| Kristen 10. | TYPE NAME(S) Return Copy to: | | · |
| NAME | | Trust Account | |
| ADDRESS | Citifinancial | Number | |
| AND ZIP 550 I | N. McCarran Blvd. arks, NV 89431 | (If Applicable) | 0515732 |
| └ . | | | |
| Nevada Secretary of State Form N-HCC-1 2000-1 | | ' B | K0601PG0707 |

EXHIBIT A

Identification of Security Form (Valuation of Personal Property)
In connection with the security agreement I (we) hereby identify the personal property securing a loan together with a total of the actual cash value of the property defined below.

Name of Borrower(s): TODD A HENDRICKS
Account Number: 280028114256

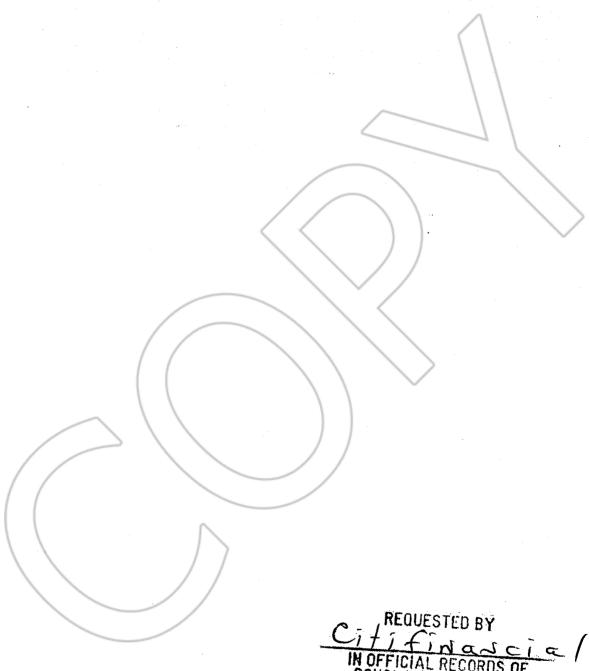
| # | MS PURCHASED WITH THE PROCEEDS ITEM | DESCRIPTION | ACTUAL CASH VALU |
|--------|---|-------------------------------------|----------------------|
| | | | |
| I (we) | MS CURRENTLY OWNED BY THE BORR | I (we) agree to offer | |
| | rity the television and/or radios listed and describe | | Borrower(s) Initials |
| # 1 | ITEM | DESORIPTION | ACTUAL CASH VALUE |
| 1 | TELEVISIONS HOME COMPUTER/SOFTWARE/ACC | GEN ELC 15" GATEWAY COMPLETE SYSTEM | 150 2,800 |
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0515732

Borrower(s) Signature:

I (we) hereby affirm that the replacement value of goods used as security on this credit transaction is \$ 2,950

Date: <u>05/25/2001</u> Borrower(s) Signature:



0515732 BK 060 LPG 0709

2001 JUN -4 AM 10: 05

LINDA SLATER
RECORDER

\$ 17 PAID K & DEPUTY