

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Security Connections, Inc.

1935 International Way

Idaho Falls, Idaho 83402

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME CHRISTENSEN	FIRST NAME JOSEPH	MIDDLE NAME A.	SUFFIX
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1c. MAILING ADDRESS
P.O. BOX 2429

CITY STATELINE	STATE NV	POSTAL CODE 89449	COUNTRY USA
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1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any NONE
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2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME CHRISTENSEN	FIRST NAME TORI-LYNN	MIDDLE NAME	SUFFIX
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2c. MAILING ADDRESS
P.O. BOX 2429

CITY STATELINE	STATE NV	POSTAL CODE 89449	COUNTRY USA
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2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any NONE
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3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC.

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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3c. MAILING ADDRESS
P.O. BOX 2026

CITY FLINT	STATE MI	POSTAL CODE 48501-2026	COUNTRY USA
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4. This FINANCING STATEMENT covers the following collateral:

All consumer household goods, now owned, hereafter acquired, or purchased in whole or in part from the proceeds of this SBA loan # 80687930-05, and/or the proceeds of any disposition thereof.

Collateral located at: 145 Irwin Street, Stateline, County of Douglas, Nevada, and any other address pertaining to this loan.

This statement refers to the lapsed original UCC1; file number 358771, Bk 0395, Pg 4031; filed with Douglas County, Nevada; dated 03/27/1995.

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum	(if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (OPTIONAL FEE)	(optional)	All Debtors	Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA 0103727400						08742

0548215 **BK0702PG09150**

COPY

REQUESTED BY
Security Connection
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 JUL 29 PM 2: 18

LINDA SLATER
RECORDER

\$ 21⁰⁰ PAID *Kg* DEPUTY

0548215

BK0702PG09151