



DOC # 0638050  
 03/03/2005 11:29 AM Deputy: BC  
**OFFICIAL RECORD**  
 Requested By:  
 STEWART TITLE

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]  
**Timothy Schwader, 775-826-6172**

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**Nevada State Development Corporation**  
**6572 So. McCarran Blvd.**  
**Reno, NV 89509**

*050601065 / 050500404*

Douglas County - NV  
 Werner Christen - Recorder  
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 BK-0305 PG-01123 RPIT: # 0



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		FIRST NAME	MIDDLE NAME	SUFFIX
<b>Grove</b>		<b>Aaron</b>	<b>M.</b>	
1c. MAILING ADDRESS				
<b>927 Mitch Rd</b>		CITY	STATE	POSTAL CODE
<b>927 Mitch Rd</b>		<b>Gardnerville</b>	<b>NV</b>	<b>89460</b>
1d. TAX I.D.#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL I.D.#, if any
		<b>Individual</b>	<b>Nevada</b>	<input checked="" type="checkbox"/> NONE

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		FIRST NAME	MIDDLE NAME	SUFFIX
<b>Grove</b>		<b>Lesley</b>	<b>A.</b>	
2c. MAILING ADDRESS				
<b>927 Mitch Rd</b>		CITY	STATE	POSTAL CODE
<b>927 Mitch Rd</b>		<b>Gardnerville</b>	<b>NV</b>	<b>89460</b>
2d. TAX I.D.#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL I.D.#, if any
		<b>Individual</b>	<b>Nevada</b>	<input checked="" type="checkbox"/> NONE

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				
<b>U.S. Small Business Administration</b>				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS				
<b>6572 So. McCarran Blvd</b>		CITY	STATE	POSTAL CODE
<b>6572 So. McCarran Blvd</b>		<b>Reno</b>	<b>NV</b>	<b>89509</b>

4. This FINANCING STATEMENT covers the following collateral:  
 All fixtures now owned or hereafter acquired, together with all replacements thereof, all attachments, accessories, parts, and tools belonging thereto or for use in connection therewith. The real property to which the fixtures are affixed, or shall be affixed, is described in Section 14 contained herein and, by reference, made a part hereof.  
 APN: 1220-15-210-044

**08829**

5. ALTERNATIVE DESIGNATION [if applicable]:  LESSOR/LESSEE  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)  All Debtors  Debtor 1  Debtor 2 [ADDITIONAL FEE] [optional]

8. OPTIONAL FILER REFERENCE DATA  
**SBA Loan No. 8130924005**

# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

## 9. NAME OF FIRST DEBTOR (1A OR 1B) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME <b>Grove</b>	FIRST NAME <b>Aaron</b>	MIDDLE NAME, SUFFIX <b>M.</b>

## 10. MISCELLANEOUS:

THIS SPACE FOR USE OF FILING OFFICER

## 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME <b>Under the Magic Pine Tree, Inc.</b>				
OR				
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS <b>927 Mitch Rd</b>		CITY <b>Gardnerville</b>	STATE <b>NV</b>	POSTAL CODE <b>89460</b>
11d. TAX ID #: SSN OR EIN		11e. TYPE OF ORGANIZATION <b>Corporation</b>	11f. JURISDICTION OF ORGANIZATION <b>Nevada</b>	11g. ORGANIZATIONAL ID #, if any <b>C10752-2004</b> <input type="checkbox"/> NONE

## 12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME <b>Nevada State Development Corporation</b>				
OR				
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS <b>6572 So. McCarran Blvd.</b>		CITY <b>Reno</b>	STATE <b>NV</b>	POSTAL CODE <b>89509</b>

13. This FINANCING STATEMENT covers  timber to be cut or  as-extracted collateral, or is filed as a  fixture filing.

14. Description of real estate:  
**The land referred to herein is situated in the State of Nevada, County of DOUGLAS, described as follows: Lot 92-1, as said lot is shown on the Official Plat of GARDNERVILLE RANCHOS UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on June 1, 1965, in Book 1 of Maps, filed as No. 28309, and Title Sheet amended on June 4, 1965, as Filing No. 28377.**

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.  
Debtor is a  Trust or  Trustee acting with respect to property held in trust or  Decedent's Estate

18. Check only if applicable and check only one box.  
 Debtor is a TRANSMITTING UTILITY  
 Filed in connection with a Manufactured-Home Transaction -- effective 30 years  
 Filed in connection with a Public-Finance Transaction -- effective 30 years

 BK- 0305  
PG- 1124  
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