Page: 1 of 2 Fee: 2UBK-1005 PG-007 49 RPTT:  COMMENT TO: (Name and Address)  At Gas Corporation  98510  s, NV 89193-8510  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  FULL LEGAL NAME - insert only gas debtor name (1a or 1b) - do not albineviate or combine names  SNAME  FIRST NAME  ADDI INFO RE 1e TYPE OF ORGANIZATION DEBTOR  OITY  ADDIL LEGAL NAME - insert only gas debtor name (2a or 2b) - do not abbreviate or combine names  SNAME  FIRST NAME  ADDIL INFO RE 2c TYPE OF ORGANIZATION ORGANIZATION DEBTOR  STATE  FIRST NAME  ADDIL INFO RE 2c TYPE OF ORGANIZATION ORGANIZATIO	CC FINANCING	STATEMENT		Douglas Cou Werner Christe	inty - NV n - Recorder
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FI			1	Page: 1 Of 2	Fee: 20
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FI	SEND ACKNOWLEDGE	IENT TO: (Name and Address)			
TFULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names  STNAME  STNAME  FIRST NAME  Ryan  CITY  STATE  POSTAL CODE  COUNTRY  RYAN  CITY  B9460  U.S.  ADDU. INFO RE 1-10. TYPE OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION OF STATE  SNAME  FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  ADDU. INFO RE 20. TYPE OF ORGANIZATION OF	P.O. Box 985	10	<		
STNAME  STNAME  FIRST NAME  Ryan  CITY  STATE  POSTAL CODE  COUNTRY  89460  U.S.  ADDL INFO RE ORGANIZATION DESTOR  ORGANIZATION DESTOR  STATE  ADDL INFO RE ORGANIZATION DESTOR  STATE  FIRST NAME  SUFFIX  STATE  POSTAL CODE  COUNTRY  NONE  STATE  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  NONE  NONE  STATE  POSTAL CODE  COUNTRY  NONE  STATE  SUFFIX  ADDL INFO RE ORGANIZATION DESTOR  POSTAL CODE  COUNTRY  NONE  STATE  POSTAL CODE  COUNTRY  NONE  STATE  NONE  STATE  SUFFIX  STATE  SUFFIX  STAME  SUFFIX  STATE  POSTAL CODE  COUNTRY  NONE  STATE  SUFFIX  STATE  SUFFIX  STATE  SUFFIX  STATE  SUFFIX  STATE  SUFFIX  SUFFIX  STATE  SUFFIX  STATE  SUFFIX  SUFFIX  SUFFIX  SUFFIX  STATE  SUFFIX  SU	L		THE ABO	OVE SPACE IS FOR FILING OFFICE	USE ONLY
Ryan  CITY  STATE POSTAL CODE  COUNTRY  te Circle  Gardnerville  NV 89460  U.S.  ADDL INFO RE 16. TYPE OF ORGANIZATION OF ORGA	EBTOR'S EXACTFUL		b) - do not abbreviate or combine names		
Ryan  CITY  STATE POSTAL CODE  COUNTRY  te Circle  Gardnerville  NV 89460  U.S.  ADDL INFO RE 16. TYPE OF ORGANIZATION OF ORGA	16. INDIVIDUAL'SLASTNA	MF	FIRST NAME	IMIDOLE NAME	SUFFIX
TOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  SINAME  ADDILINFO RE   1e. TYPE OF ORGANIZATION   1f. JURISDICTION OF ORGANIZATION   1g. ORGANIZATIONAL ID #, if any   INONE  TOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  SINAME  FIRST NAME  FIRST NAME  OITY  ADDILINFO RE   2e. TYPE OF ORGANIZATION   2f. JURISDICTION OF ORGANIZATION   2g. ORGANIZATIONAL ID #, if any   ORGANIZATION   ORGANIZATION	McLaughlin		Ryan	100000	COLINTEN
CRGANIZATION DEBTOR  TOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  SNAME  AST NAME  FIRST NAME  FIRST NAME  CITY  STATE  POSTAL CODE  COUNTRY  ADD'L INFO RE  QRGANIZATION DEBTOR  ADD'L INFO RE  QRGANIZATION DEBTOR  INONE  Y'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) SNAME  as Corporation  ST NAME  FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  SUFFIX  CITY  STATE  POSTAL CODE  COUNTRY  U.S.	MAILING ADDRESS  1323 Marlette C	ircle		NV 89460	U.S.
TOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  S NAME  AST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  CITY  STATE  POSTAL CODE  COUNTRY  ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR  Y'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) S NAME  as Corporation UST NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  CITY  STATE  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  Las Vegas  NV 89193-8510 U.S.	SEEINSTRUCTIONS	ORGANIZATION I	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if a	-
ADD'L INFO RE ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR NONE  Y'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insertionly one secured party name (3a or 3b)  S NAME  as Corporation  INTERIOR MIDDLE NAME SUFFIX  CITY STATE POSTAL CODE COUNTRY  Las Vegas NV 89193-8510 U.S.	ADDITIONAL DEBTOR 2a. ORGANIZATION'S NAI		e debtor name (2a or 2b) - do not abbreviate or	combine names	
ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR NONE  Y'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insertonly gne secured party name (3a or 3b)  S NAME  as Corporation  ST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  CITY  Las Vegas  NV 89193-8510  U.S.	26. INDIVIDUAL'S LAST N	AME	FIRST NAME	MIDDLE NAME	SUFFIX
ORGANIZATION DEBTOR  Y'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insertionly one secured party name (3a or 3b)  S NAME  as Corporation  INDICATOR STATE  ORGANIZATION DEBTOR  NONE  STATE  ORGANIZATION DEBTOR  NONE  INDICATOR SUFFIX  CITY  Las Vegas  NV 89193-8510  U.S.	MAILING ADDRESS	_//	CITY	STATE POSTAL CODE	COUNTRY
DEBTOR  Y'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)  S NAME  as Corporation  ST NAME  FIRST NAME  CITY  STATE POSTAL CODE COUNTRY  Las Vegas  NV 89193-8510  U.S.	SEEINSTRUCTIONS		2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID#, if a	any
S NAME  as Corporation  AST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  CITY  STATE POSTAL CODE COUNTRY  Las Vegas  NV 89193-8510  U.S.		DEBTOR			NONE
ST NAME FIRST NAME SUFFIX  CITY STATE POSTAL CODE COUNTRY  Las Vegas NV 89193-8510 U.S.	3a. ORGANIZATION'S NAI	/E	6/P) - insertonly <u>one</u> secured party name (3a or 3	b)	
Las Vegas NV 89193-8510 U.S.	Southwest Gas ( 3b. INDIVIDUAL'S LAST N	Corporation AME	FIRST NAME	MIDDLE NAME	SUFFIX
	MAILING ADDRESS	2 / /	CITY	STATE POSTAL CODE	COUNTRY
EMENT covers the following collateral:	O. Box 98510		Las Vegas	NV 89193-8510	U.S.
		e	Las Vegas	NV 89193-8510	U.S.
1 %	\				
		/ /			

08850

UCC FINANCING			JM		1		$\wedge$	
9. NAME OF FIRST DEBT 9a. ORGANIZATION'S NAME	OR (1a or 1b) O		STATEME	NT	1		( )	
OR							\ \	
9b. INDIVIDUAL'S LAST N	AME	FIRST NAME		MIDDLE NAME, SUFFI	×		\ \	
10. MISCELLANEOUS:					<b>⁻</b> i		\	\
		•					1	
					THE ABOVE	SPACE	IS FOR FILING OF	FICE USE ONLY
11. ADDITIONAL DEBTOR	R'S EXACT FULL	LEGAL NAME - insert only	one name (1	1a or 11b) - do not abbre	eviate or combine nam	es		
11a. ORGANIZATION'S NA	ME	• 11	7					
11b. INDIVIDUAL'S LAST N	IAME		FIRS	TNAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS			CITY		V /	STATE	POSTAL CODE	COUNTRY
11d. <u>SEEINSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATIO	DN 11f. J	URISDICTION OF ORGA	ANIZATION	11g. ORG	JANIZATIONAL ID #, I	f any
12. ADDITIONAL SECU	JRED PARTY	s or Assignors	/PS NAM	IE - insert only <u>one</u> nam	ie (12a or 12b)			
12a. ORGANIZATION'S NA						\		
OR 12b. INDIVIDUAL'S LAST N	IAME	/	FIRS	TNAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS			CITY			STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMS collateral, or is filed as a 14. Description of real estate.	The state of the s	ber to be cut or as-extrai	cted 16. A	dditional collateral desc	cription:			
Lot 357 for Gardne APN #1220-16-510-					/			
15. Name and address of a RE (if Debtor does not have a re		above-described real estate						
Ryan McLaughlin								
				heck <u>only</u> if applicable a				
				risa Trust or			roperty held in trust o	Decedent's Estate
				heck <u>only</u> if applicable a		х.		*
				ebtor is a TRANSMITTIN		Transaction	— effective 30 vears	
				iled in connection with a				

0656740 Page: 2 Of 2

BK- 1005 PG- 750 10/03/2005