| JCC FINANCING STATEMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]  B. SEND ACKNOWLEDGMENT TO: (Name and Address)  Nevada Security Bank P.O.Box 19579 Reno, NV 89511   |   | Dou<br>Werner<br>Page: 1<br>BK-1005 I                         | glas County<br>Christen - F | Recorder<br>T: 20.00<br>T: 0.00  |
|--|---|---|-----------------------------|----------------------------------|
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)  Nevada Security Bank P.O.Box 19579  |   | BK-1005 I   | PG-11108 RPT                | T: 0.00                          |
| Nevada Security Bank<br>P.O.Box 19579  |   | · .==   |                             | 0.00                             |
| 1  |   |   | 1                           | o:                               |
| <u></u>  |   | HE ABOVE SPACE IS FOR   | R FILING OFFICE US          | E ONLY                           |
| DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (  1a. ORGANIZATION'S NAME  | (1a or 1b) - do not abbreviate or combine     | names   |                             |                                  |
| N. C. BROWN DEVELOPMENT, INC.  |   |   |                             |                                  |
| 16. INDIVIDUAL'S LAST NAME   | FIRST NAME                                    | MIDDLE  | IAME                        | SUFFIX                           |
| Ic. MAILING ADDRESS  | CITY  | STATE   | POSTAL CODE                 | COUNTRY                          |
| 8601 RANCHWOOD COURT   | FAIR OAKS                                     | CA  | 95628                       | USA                              |
| 1d. SEE INSTRUCTIONS   ADD'L INFO RE   1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   Corporation  | 1f. JURISDICTION OF ORGANIZ                   | ATION 1g, ORGA  | INIZATIONAL ID#, if any     | NONE                             |
| 2c. MAILING ADDRESS  2d. SEE INSTRUCTIONS   ADD'L INFO RE   26. TYPE OF ORGANIZATION ORGANIZATION  | FIRST NAME  CITY  24. JURISDICTION OF ORGANIZ | STATE  ATION 29. ORGA   | POSTAL CODE                 | _                                |
| DEBTOR    3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN  3a. ORGANIZATION'S NAME  |   | name (3a or 3b)   |                             | NONE                             |
| SILVERADO BANK, a division of Nevada Security Bank 3b. INDIVIDUAL'S LAST NAME  | FIRST NAME                                    | MIDDLE  | NAME                        | SUFFIX                           |
|  | CITY  | STATE   | IPOSTAL CODE                | COUNTRY                          |
| 3c. MAILING ADDRESS<br>2270 Douglas Blvd. Suite 220  | Roseville                                     | CA  | 95661                       | USA                              |
| 4. This FINANCING STATEMENT covers the following collateral:  All Fixtures; whether any of the foregoing is owned now or to any of the foregoing; all records of any kind relating to a insurance, general intangibles and accounts proceeds) LOC  | nv of the foregoing; all proc                 | eeds relating to any of                                       | f the foregoing (inc        | cluding<br>31826101007.          |
|  |   | <u>.</u>  |                             |                                  |
| 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CC 6. ALTERNATIVE DESIGNATION [if ap |   | E/BAILOR SELLER/BU<br>RCH REPORT(S) on Debtor(s<br>[optional] |                             | NON-UCC FILING Debtor 1 Debtor 2 |

| WE OF FIRST DERIOR (Jaor   | 1b) ON RELATED FINANCIN     | G STATEMENT                            |                        |                             |                      |
|--|-----------------------------|--|------------------------|-----------------------------|----------------------|
| . ORGANIZATION'S NAME  |                             | ****                                   |                        | ( )                         |                      |
| I. C. BROWN DEVELOPMEN   | IT, INC.                    |  |                        | \ \                         |                      |
| D. INDIVIDUAL'S LAST NAME  | FIRST NAME                  | MIDDLE NAME, SUF                       | FIX                    | \ \                         |                      |
| SCELLANEOUS:   |                             | ······································ | 7                      | \ \                         |                      |
|  |                             |  |                        |                             |                      |
| DDITIONAL DEBTOR'S EXACT   | FULL LEGAL NAME - insert of | nly one name (11a or 11b) - do not at  | The second second      | /E SPACE IS FOR FILING OFF  | FICE USE ONLY        |
| a. ORGANIZATION'S NAME   |                             | ///                                    | 1                      | \                           |                      |
| b. INDIVIDUAL'S LAST NAME  |                             | FIRST NAME                             | )                      | MIDDLE NAME                 | SUFFIX               |
| IAILING ADDRESS  |                             | СПҮ                                    |                        | STATE POSTAL CODE           | COUNTRY              |
| EE INSTRUCTIONS  ADD'L INFO ORGANIZA DEBTOR  | DRE 11e. TYPE OF ORGANIZA   | TION 11f. JURISDICTION OF OR           | RGANIZATION            | 11g, ORGANIZATIONAL ID#, if | any                  |
| ADDITIONAL SECURED PA  | RTY'S or ASSIGNOR           | S/P'S NAME - insert only one n         | ame (12a or 12b)       |                             | 1 INONE              |
| 2a. ORGANIZATION'S NAME  | KITS <u>u [[Assignois</u>   | SAF S TATABLE SITURDING TO             | 0.00 (12a d. 12a)      |                             |                      |
| 2b. INDIVIDUAL'S LAST NAME   |                             | FIRST NAME                             |                        | MIDDLE NAME                 | SUFFIX               |
| IAILING ADDRESS  |                             | СПУ                                    | 1                      | STATE POSTAL CODE           | COUNTRY              |
| is FINANCING STATEMENT covers illateral, or is filed as a fixture filin escription of real estate:  KINGSBURY GRADE, S   |                             | APN 16. Additional collateral d        | escription:            | <u> </u>                    | ·                    |
| 826101007  |                             |  | ,                      |                             | 22                   |
|  |                             |  |                        |                             |                      |
|  |                             |  |                        |                             |                      |
| ame and address of a RECORD OWN<br>Debtor does not have a record interes   |                             |  |                        |                             |                      |
|  |                             | 17. Check only if applicab             | le and abasic subjects | boy                         |                      |
| The state of the s |                             |  |                        |                             |                      |
|  |                             |  | _                      |                             | or Decedent's Estate |