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| $\int_{\mathbf{Z}}$ SF | ERVICI | NG, INC. | | | 1 | | | | |
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| . mr. | 37 A T T T | D.D. | | | | | | | \ |
| KE: | VALLI | EK | | _ | | | E 10 E0 | D EN INO OFFICE (1 | DE ONLY |
| DEBTOR'S | EXACTEU | LLLEGALNAME | -insert only one debtorr | name (1a or 1b) - do not abbreviate | | BOVE SPAC | E IS FO | R FILING OFFICE U | SEONLY |
| | IZATION'S NA | | <u> </u> | | | | | | |
| 16. INDIVIDU | JAL'S LASTN | AME | | FIRST NAME | _ | | MIDDLE | NAME | SUFFIX |
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| . MAILING ADD | | | | CITY | noorz |) | 1 | POSTAL CODE | COUNTRY |
| O BOX 19 | | ADD'L INFO RE | 1e. TYPE OF ORGAI | GLENBI NIZATION 1f, JURISDICT | ROOK. ION OF ORGANIZATION | v / | NV 1g. ORG | 89413 ANIZATIONAL ID #, if any | <u> </u> |
| | | ORGANIZATION DEBTOR | 1 | | | / /i | _ | | Пис |
| 2b. INDIVIDUAL'S LAST NAME VALLIER MAILING ADDRESS | | | FIRST NAME JACQUI CITY | JACQUELINE | | | NAME | SUFFIX | |
| | 95 | / | / | GLENBI | ROOK | 1 | NV | 89413 | |
| PO BOX 1 | | | D. DOC OF ORGAN | | | | | ANIZATIONAL ID #, if any | |
| | <u>CTIONS</u> | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGAN | NIZATION 2f. JURISDICT | ION OF ORGANIZATION | v \ | 2g. ORG | THE THOMAL TO W, II SHI | _ |
| SECURED 1 | PARTY'S | ORGANIZATION DEBTOR NAME (or NAME of | 1 | NIZATION 2f. JURISDICT SSIGNOR S/P)- insert only one s | | | 2g. ORG | NAME TO WAR I GOT | _ |
| SECURED SECURE | PARTY'S IZATION'S NA | ORGANIZATION DEBTOR NAME (or NAME of ME VESTMENT | TOTAL ASSIGNEE of A | .SSIGNOR S/P)-insertonly <u>one</u> s | ecured party name (3a o | r3b) | | | □NO |
| SECUREDI 3a. ORGANIZ | PARTY'S IZATION'S NA | ORGANIZATION DEBTOR NAME (or NAME of ME VESTMENT | TOTAL ASSIGNEE of A | SSIGNOR S/P)-insert only one s | ecured party name (3a o | r3b) | MIDDLE | | NO SUFFIX |
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| | back) CAREFULLY | DINIO CTATEMENT | / / | |
|---|---------------------------|---|---------------------------------------|---------------------|
| NAME OF FIRST DEBTOR (1a o 9a, ORGANIZATION'S NAME | (1b) ON RELATED FINANC | CING STATEMENT | \ \ | |
| | | | \ \ | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | \ \ | |
| VALLIER | E. | JAMES | \ | \ |
| MISCELLANEOUS: | | _ | | \ |
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| | | THE | ABOVE SPACE IS FOR FILING OF | FICE USE ONLY |
| ADDITIONAL DEBTOR'S EXACT 11a, ORGANIZATION'S NAME | T FULL LEGAL NAME - inser | t only <u>one</u> name (11a or 11b) - do not abbreviate or comb | ine names | |
| TIE. ORGANIZATION S NAME | | | 1 1 | 1 |
| 11b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | / / | |
| MAILING ADDRESS | | CITY | STATE POSTAL CODE | COUNTRY |
| | | \ \ | | |
| SEE INSTRUCTIONS ADD'L INF | O RE 11e. TYPE OF ORGANIZ | ZATION 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID#, | if any |
| DEBTOR | | | | NO |
| ADDITIONAL SECURED PA | ARTY'S 👊 🗌 ASSIGNO | OR S/P'S NAME - insert only one name (12a or 12b) | <u>\</u> | |
| 12a. ORGANIZATION'S NAME | / / | | | |
| 12b. INDIVIDUAL'S LAST NAME | / | FIRST NAME | MIDDLE NAME | SUFFIX |
| 120. INDIVIDUAL S EAST NAME | / | FIRST NAME | WIDOLE NAME | SUFFIX |
| MAILING ADDRESS | | CITY | STATE POSTAL CODE | COUNTRY |
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| This FINANCING STATEMENT covers | timber to be cut or as- | extracted 16. Additional collateral description: | | |
| collateral, or is filed as a 🔽 fixture fil | ing. | | | |
| Description of real estate: | / / |]] | | |
| 47 The Back Road, Glen | brook, Nevada, 8941: | 3, / / | | |
| PN: 1418-11-110-001 | | | | |
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| Name and address of a RECORD OW! | | | | PG- 190 |
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| | | 17. Check only if applicable and check only | | |
| | | Debtor is a Trust or Trustee acting | | or Decedent's Est |
| | | 18. Check <u>only</u> if applicable and check <u>only</u> | one box. | |
| | | Delication of the second of the second | | |
| | | Debtor is a TRANSMITTING UTILITY | 1-Home Transaction effective 30 years | |