

DOC # 0676797 06/08/2006 11:26 AM Deputy: OFFICIAL RECORD Requested By: CAPITAL CITY ESCROW INC

C FINANCING STATEMENT	Douglas County - NV
OWNINGTO ICTIONS (front and back) CAREELILLY	Werner Christen - Recorder

Page: 1 Of 2 Fee:

22.00

0.00

BK-0606 PG-2442 RPTT:

FOLLOWINSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

Capitol City Escrow, Inc.

3838 Watt Avenue - Suite F-610

Sacramento, CA 95821

Escrow No.: 9225A

	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	`	N		
OR		<u> </u>		/ /
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE		SUFFIX
<u> HAMETT</u>	DELOY	CHR	IS	1
1c. MAILING ADDRESS 270 KINGSBURY GRADE	STATE LINE	STATE NV	POSTAL CODE 89448	COUNTRY
1d. TAX ID #:SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION DEBTOR	ION 11. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if a	ny NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAM	E - insert only one debtor name (1a or 1b) do not ab	breviate or combi	ne names	
2a. ORGANIZATION'S NAME				<u></u>
OR		r		
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	-	SUFFIX
DUPLER	WENDE	KAY	•	
2c. MAILING ADDRESS 270 KINGSBURY GRADE	STATE LINE	STATE NV	POSTAL CODE 89448	COUNTRY
2d. TAX ID #:SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEBTOR	ION 2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if a	ny None
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE	or ASSIGNOR S/P) - insert only one secured party n	ame (3a or 3b)		
2a, ORGANIZATION'S NAME	\ \ \ \		·	
OR	\ \			
1b. INDIVIDUAL'S LAST NAME CROSS	FIRST NAME RICHARD	MIDDLE	NAME	SUFFIX
3c. MAILING ADDRESS	СІТУ	STATE	POSTAL CODE	COUNTRY
. ALEA TAVIADIANE	DVDON	104	104514	I

4. This FINANCING STATEMENT covers the following collateral:

ALL STOCK IN TRADE, FIXTURES AND EQUIPMENT AND GOODWILL OF THAT CERTAIN NIGHT CLUB BUSINESS KNOWN AS FACE'S NIGHT CLUB LOCATED AT 270 KINGSBURY GRADE, STATE LINE, NEVADA 89448 - DOUGLAS COUNTY, INCLUDING BUT NOT LIMITED TO FIXTURES AND EQUIPMENT PER EXHIBIT ATTACHED HERETO.

REAL PROPERTY OWNER IS: TAHOE SIERRA NEVADA PROPERTIES

08873

6. ALTERNATIVE DESIGNATION [if applicable]: LES	SEE/LESSOR CONSIGNI	EE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for rec ESTATE RECORDS Attach Addendum	• • • •	7. Check to REQUEST (ADDITIONAL FEE)	SEARCH REPORT(S) on Lootlonall	Debtor(s) All Debtors	Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA						

NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCIAL STATE 9a. ORGANIZATION'S NAME	MENT				
9b. INDIVIDUAL'S LAST NAME FIRST NAME HAMETT DELOY	MIDDLE NAME, SUFFIX CHRIS			\ \	
MISCELLANEOUS:					
		The state of the s		E IS FOR FILING OFFI	CE USE ONLY
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one del 11a. ORGANIZATION'S NAME	otor name (11a or 11b) - do not ab	breviate or combine n	ames		
		/	\		1
FACE'S NIGHT CLUB 11b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
			1		
: MAILING ADDRESS 270 KINGSBURY GRADE	STATE LINE		STATE NV	POSTAL CODE 89448	COUNTRY
I. TAX ID #:SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR DBA	N 11f. JURISDICTION OF ORG	ANIZATION	11g. OR0	SANIZATIONAL ID#, if a	any Nor
ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME	- insert only one name (12a or 12	(b)			
12a. ORGANIZATION'S NAME					
12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
: MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers timber to be cut or as-extractional assextractions and assextraction as a fixture filling. Description of real estate:	16. Additional collateral description	ipuon.			
Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):	17. Check only if applicable a	nd check <u>only</u> one bo Frustee acting with res		perty held in trust or	Decendent's Es
	18. Check <u>only</u> if applicable a				
	Debtor is a TRANSMITT Filed in connection with a		Transactio	n . affactiva 30 vacor	

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

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