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## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Colonial Bank, N.A.

Business Banking Center

P.O. Box 32845

Palm Beach Gardens, FL 33420

DOC # 06/27/2007	070 12:40 PM	3913 Deputy:	SD
	ICIAL RI		
Re	quested E	By:	
WESTERN T	TILE COM	DANY THE	

Douglas County - NV Werner Christen - Recorder

Page: 1 Of 2 Fee:

-0607 PG-8674 RPTT: 0.00

20.00



L APN	1#1220-	11-001-030	`, <u>-</u> -  .	THE ABOVE SPACE IS F	OR FILING OFFICE	USE ONLY
I. DEBTOR'S EXAC	T FULL LEGAL NAM	E - insert only one debtor name (	1a or 1b) - do not abbreviate or combi	ne namas		
1a. ORGANIZATION Sawmill, LLC	'S NAME	· - · · -			-	
OR 15, INDIVIDUAL'S L	AST NAME		FIRST NAME	MIDDLE	E NAME	SUFFIX
1c. MAILING ADDRESS 1165 Sawmill Ros	ad		Gardnerville	STATE NV	POSTAL CODE 89410	USA
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGAN		GANIZATIONAL ID #, if a 5462007-2	ny Noni
2. ADDITIONAL DEB	TOR'S EXACT FULL	LEGAL NAME - insert only or	e debtor name (Za or 2b) - do not abb	reviate or combine names		
2a. ORGANIZATION				4		
26. INDIVIDUAL'S L	AST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	21. JURISDICTION OF ORGAN	JIZATION 2g. ÖR	GANIZATIONAL ID#, if a	iny Non
3. SECURED PART 3a. ORGANIZATION Colonial Bank	∜'S NAME	OF TOTAL ASSIGNEE OF ASSIGN	OR SIP) - insert only one secured par	ty name (3a or 3b)		
3b. INDIVIDUAL'S L	AST NAME		FIRST NAME	MIDOLE	NAME	SUFFIX
3c. MAILING ADDRESS 229 Kingsbury G	rade		Stateline	STATE NV	POSTAL CODE 89449	USA
3b. INDIVIDUAL'S L 3c. MAILING ADDRESS 229 Kingsbury Gi 4. This FINANCING STA	AST NAME  rade  TEMENT covers the follow	•	CITY	STATE NV	POSTAL 89449	

All Fixtures located at 1165 Sawmill Road, Gardnerville, NV 89410; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds). The above goods are or are to become fixtures on the real estate described below in this UCC Financing Statement.

08397

I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239b.030)

Signature Print Name Title

6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)	
STATE RECORDS. Attach Addendum [if applicable] [ADDITIONAL FEE] [optional] All Debtors [Debtor 1 ] Debtor 1   Debtor 1   Debtor 2   Debtor 3   Debtor 3   Debtor 3   Debtor 4   Debtor 5   Debtor 5   Debtor 6   Debtor 6   Debtor 6   Debtor 7   Debtor 7   Debtor 8   Debtor 8	btor 2

8. OPTIONAL FILER REFERENCE DATA

CC FINANCING STATEMENT ADDENDUN ELLOW INSTRUCTIONS (Front and back) CAREFULLY	11	İ		
NAME OF FIRST DEBTOR (18 or 16) ON RELATED FINANCING ST	ATEMENT	1	1	\
PR ORGANIZATION'S NAME		1	1	
Sawmill, LLC		i	\	\
85. INDIVIDUAL'S LAST NAME FIRST NAME			\	
PRS MANE	MIDDLE NAME. SUFFIX	1	1	\ \
				\ \
MISCELLANEOUS:		1		\ \
		J-100		\ \
				7 /
			SPACE IS FOR FILING	OFFICE USE ONLY
. ADDITIONAL DESTOR'S EXACT FULL LEGAL NAME - insert only gr	e name (11a or 11b) - do not abbre	wate or combine name	4	
11a ORGANIZATION'S NAME			\	
115. INDIVIDUAL'S LAST NAME	FIRST NAME	-	MEDOLE NAME	SUFFIX
	I HOT INNE	)		10017111
				i
L MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
			/	
d. SEE INSTRUCTIONS ADD'L INFO RE 116 TYPE OF ORGANIZATION ORGANIZATION	11/ JURISDICTION OF ORGA	ANIZATION	110 ORGANIZATIONAL ID	
DESTOR				No
ADDITIONAL SECURED PARTY'S 🛫 ASSIGNOR SIPS	S NAME - Insert only one name	(12e or 12b)		
12s. ORGANIZATION'S NAME		/ /		
		1 1		
12b. INDIVIDUAL'S LAST NAME	FIRST NAME		ARDOLE NAME	SUFFIX
		7%	1	
MAILING ADDRESS	<u> </u>			
E MAILING ACUREGO	CITY		STATE POSTAL CODE	COUNTRY
	1 1	7		
This FINANCING STATEMENT covers   Minber to be cut or   pa-extracted	16 Additional colleteral descr	ípöen:	V	
colleteral, or is filed as a findure filing.	\	\		
Description of real estate:	\	1		
til that portion of the Southeast 1/4 of the Northeast 1/4	1			
f Section 11, Township 12 North, Range 20 East, M.D.B.		1		
M., more particularly described as follows:				
arcel 3 of that Parcel map # LDA 00-001 for KEVIN	/	/		
PRIEN, and filed for record with Douglas County	/	/		
Recorder on July 12, 2000 in Book 700, at Page 2278, as		/		
Jocument No. 495841.				
^				
	)			
. Name and address of a RECORD OWNER of above-described real estate (if	1 .4			
Debtor does not have a record interest;				
\ / /	1			
	17 Check only II applicable at	nd check gaily one box.		
			and to companyly hadd to to be	or Therewas say
	Debtor is a Trust or T	nustee acting with resp	ect to property held in trust	or Decedent's Esta
		nustee acting with resp	ect to property held in trust	or Decedent's Esta
	Debtor is a Trust or T	rustee acting with resp at check only one box	ect to property held in trust	or Decembern's Esta
	Debtor is a Traust or T	instans acting with resp ad check <u>only</u> one box. G UTILITY		or Decembers's Esta
	Debtor is a Traust or T	inusion acting with resp ad check <u>only</u> one box G UTILITY Isoulactured-Home Ta	insaction - effective 30 years	

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