DOC # 0704571 07/06/2007 11:51 AM Deputy: PK OFFICIAL RECORD Requested By: CITY OF RENO

Douglas County - NV Werner Christen - Recorder **UCC FINANCING STATEMENT** Fee:

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| FOLLOW INSTRUCTIONS (front and back) CAREFULLY                            |                         |
|---|-------------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional]                            |                         |
|   |                         |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)                             |                         |
| <b> </b>  |                         |
| James Graham  | ļ                       |
| Redevelopment Agency of the City of Reno                                  |                         |
| P. O. Box 1900  |                         |
| Reno, NV 89505  |                         |
|   |                         |
| 1   | !                       |
| <u> </u>  |                         |
|   |                         |
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b | ) - do not abbreviate o |

|  | THE ABOV   | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY |         |  |  |
|--|--|---|---------|--|--|
| 1. DEBTOR'S EXACT FULL LEGAL NAME-insert only one debtorname (1a or 1b)        | -do not abbreviate or combine names                |   |         |  |  |
| 1a. ORGANIZATION'S NAME  |  |   | 1       |  |  |
| Resort Concepts, Inc OR 15. INDIVIDUAL'SLAST NAME                              |  | 1   | V 1     |  |  |
| OR 15. INDIVIDUAL'S LAST NAME  | FIRST NAME   | MIDDLE NAMÉ                                   | SUFFIX  |  |  |
| 1c. MAILING ADDRESS  | CITY   | STATE POSTAL CODE                             | COUNTRY |  |  |
| 188 Meadow Lane  | Stateline  | NV 89449                                      |         |  |  |
| 1d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION                    | 1f. JURISDICTION OF ORGANIZATION                   | 1g. ORGANIZATIONAL ID #, if any               |         |  |  |
| ORGANIZATION Sub-Chapter S   | Douglas County                                     | E0645702005-2                                 | NONE    |  |  |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one d               | ebtor name (2a or 2b) - do not abbreviate or co    | mbine names                                   |         |  |  |
| 2a, ORGANIZATION'S NAME  | \ \ /  |   |         |  |  |
| OR 2b. INDIVIDUAL'S LAST NAME  | FIRST NAME   | MIDDLE NAME                                   | SUFFIX  |  |  |
| Shapiro  | Charles  | A   | Mr.     |  |  |
| 2c. MAILING ADDRESS  | CITY   | STATE POSTAL CODE                             | COUNTRY |  |  |
| 188 Meadow Lane  | Stateline  | NV 89449                                      | USA     |  |  |
| 2d. SEEINSTRUCTIONS ADD'L INFO RE QRGANIZATION DEBTOR 26. TYPE OF ORGANIZATION | 2f, JURISDICTION OF ORGANIZATION                   | 2g. ORGANIZATIONAL ID #, if any               | NONE    |  |  |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNOR SA              | P) - insert only one secured party name (3a or 3b) |   | _       |  |  |
| 3a. ORGANIZATION'S NAME  |  |   |         |  |  |
| Redevelopment Agency of the City of Reno                                       | 1 1  |   |         |  |  |
| OR 36. INDIVIDUAL'S LAST NAME  | FIRST NAME   | MIDDLE NAMÉ                                   | SUFFIX  |  |  |
| 3c. MAILING ADDRESS  | CITY   | STATE POSTAL CODE                             | COUNTRY |  |  |
| P. O. Box 1900   | Reno   | NV 89505                                      | USA     |  |  |

4. This FINANCING STATEMENT covers the following collateral:

See Exhibit "A" attached and incorporated herein by this reference

08899

| 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR  | CONSIGNEE/CONSIGNOR   | BAILEE/BAILOR SELLER/BUYE             | R AG, LIEN NON-UCC FILING     |
|--|---|---------------------------------------|-------------------------------|
| 6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in a ESTATE RECORDS. Attach Addendum | the REAL 7, Check to REQUE<br>if applicable]   FADDITIONAL FE | EST SEARCH REPORT(S) on Debtor(s) EEI | All Debtors Debtor 1 Debtor 2 |
| 8, OPTIONAL FILER REFERENCE DATA   |   | -                                     |                               |

| UCC FINANCING  |   |  | JM   |   |                              |  | 1  |                     |
|--|---|--|--|---|------------------------------|--|--|---------------------|
| FOLLOW INSTRUCTION:<br>9, NAME OF FIRST DEE  |   |  | 2 CTATEM   | ENT                                     | 1                            |  |  |                     |
| 9a, ORGANIZATION'S N   |   | N RELATED FINANCING  | 3 3 I A I EIVII  | -IV I                                   | 1                            |  | \ \  |                     |
| December Company   |   |  |  |   |                              |  | \ \  |                     |
| OR Resort Concept  9b. INDIVIDUAL'S LAST   | NAME                                    | FIRST NAME   |  | MIDDLE NAME, SUFFIX                     | d                            |  | \ \  |                     |
|  | ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) | THE TOWNS  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                              |  | \ \  |                     |
| 40 MICOELL ANEOUG  | <u> </u>                                |  |  |   | -                            |  | \ \  |                     |
| 10.MISCELLANEOUS:  |   |  |  |   |                              |  | \ \  |                     |
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|  |   |  |  |   | _                            |  | The same of the sa | \                   |
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| ·····  |   |  |  |   |                              |  | IS FOR FILING OFF  | ICE USE ONLY        |
| 11. ADDITIONAL DEBTO   |   | L LEGAL NAME - insert on   | y <u>one</u> name (  | 11a or 11b) - do not abbre              | viate or combine name        | 6  |  |                     |
| 11a. ORGANIZATION'S I  | NAME                                    |  |  |   | \                            |  |  |                     |
| OR THE PROPERTY OF THE PROPERT |   |  | <u> </u>   |   |                              |  |  |                     |
| 115. INDIVIDUAL'S LAS  | TNAME                                   |  | FIR  | ST NAME                                 |                              | MIDDLE   | NAME   | SUFFIX              |
| Shapiro  |   |  | Ja   | inet                                    |                              | M  |  | Mrs.                |
| 11c. MAILING ADDRESS   |   |  | СП   | Y                                       |                              | STATE  | POSTAL CODE  | COUNTRY             |
| 188 Meadow Lane  | •                                       |  | St   | ateline                                 |                              | NV   | 89449  | USA                 |
| 11d, SEEINSTRUCTIONS   |   | 11e. TYPE OF ORGANIZAT   | ON 11f.  | JURISDICTION OF ORGA                    | ANIZATION                    | 11g, OR  | GANIZATIONAL ID#, if   | any                 |
|  | ORGANIZATION<br>DEBTOR                  | Sub-Chapter S  | D  | ouglas                                  |                              | E064   | 5702005-2  | NONE                |
| 12. ADDITIONAL SE  | CURED PARTY                             |  |  | ME - insert only one nam                | e (12a or 12b)               |  |  |                     |
| 12a, ORGANIZATION'S  | NAME                                    | S III NOOIGIION  | 0.1 0 10.  | IVE THIS CITE IN STREET                 | (123)                        |  | <del></del>  |                     |
|  |   |  | The state of the s |   | 1 1                          | ٧  |  |                     |
| OR 12b. INDIVIDUAL'S LAS   | TNAME                                   |  | FIR  | STNAME                                  |                              | MIDOLE   | NAME   | SUFFIX              |
|  | /                                       | /  |  | 1 1                                     | 1                            | <b>&gt;</b>  |  |                     |
| 12c, MAILING ADDRESS   |   | -  | сп   | Y \                                     |                              | STATE  | POSTAL CODE  | COUNTRY             |
|  | - 1                                     |  |  | 1 1                                     | 7                            | ľ  |  |                     |
| 13. This FINANCING STATE   | MENT covers T tir                       | mber to be cut or as-ext   | racted 16  | Additional collateral desc              | rintion:                     | I  | <u> </u>   | <u>-</u>            |
| collateral, or is filed as a   |   |  | 20160 110.   | Additional Control of Cosc              | i paon.                      |  |  |                     |
| 14. Description of real estate   |   |  |  |   |                              |  |  |                     |
| Lat 22 in Plack D  | in the Vincel                           | Mandanna   |  | / /                                     |                              |  |  |                     |
| Lot 22 in Block B<br>Subdivision accor   |   |  |  | / /                                     |                              |  |  |                     |
| Douglas County T   |   |  |  | / /                                     |                              |  |  |                     |
| Douglas County 1   | ax Assessor s                           | Office   | ·  |   |                              |  |  |                     |
|  |   |  |  |   |                              |  |  |                     |
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| / /  |   | / /  |  |   |                              |  |  |                     |
| / /  |   | / /  |  |   |                              |  |  |                     |
| <ol><li>Name and address of a<br/>(if Debtor does not have</li></ol>   |   | f above-described real estate  |  |   |                              |  |  |                     |
| (ii Deptol does not nave   | a record interests.                     |  |  |   |                              |  |  |                     |
| The state of the s |   |  |  |   |                              |  |  |                     |
| The state of the s |   |  | 17.  | Check only if applicable :              | and check <u>anly</u> one bo | ζ.   |  |                     |
|  |   |  | Del  | otorisa Trust or                        | Trustee acting with re       | spect to p   | property held in trust o   | r Decedent's Estate |
|  |   |  |  | . Check <u>only</u> if applicable a     |                              |  |  |                     |
|  |   |  |  | Debtoris a TRANSMITTI                   |                              |  |  |                     |
|  |   |  | l⊢   | Filed in connection with a              |                              | Transacti∧   | n — effective 30 vears   |                     |
|  |   |  | H  | Filed in connection with                |                              |  |  |                     |
|  |   |  |  | Filed in connection with a              | a Lanno-Linguée Tigus        | 5550H — (  | andoure do years   |                     |

FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 05/22/02)

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