

OFFICIAL RECORD  
Requested By:  
FRANK LOCOCO

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 1 Fee: 40.00  
BK-0509 PG-1827 RPTT: 0.00



**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Frank Lococo  
1657 Hwy 395 Ste 103A  
Minden, NV. 89423

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					
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
	MAESTH	Bereidge	R	R	
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
659 Green Acres Dr.		GARDNERVILLE	NV.	89460	USA
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	<input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME						
OR	2b. INDIVIDUAL'S LAST 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	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME					
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
26981 ORCHID AVE		MISSION VIEJO	CA.	92692	-

4. This FINANCING STATEMENT covers the following collateral:

24 foot 2001 Horizon 23, BOAT Hull number GFNM119K101  
360 Hp (Four WINNS) BOAT NUMBER # NV-OP10-KT

Also: 2001 Four WINNS BOAT Trailer, Dual Axle 4 mounted  
SPAN TIRE  
VIN# 42KDL1W2P12050016  
NV. LIC NO. 6617 M.

08953

5. ALTERNATIVE DESIGNATION (if applicable)	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum.	<input type="checkbox"/>	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (if applicable) [ADDITIONAL FEE] (optional)	<input type="checkbox"/>	All Debtors	Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA						