_	_		
=	=		
=			
Ξ			
		-	
=			
=			
7			
=		-	
Ξ		Ξ	
•			
•	=		
-	=	-	
=	Ξ		
Ξ		Ξ	
-		Ξ	
Ξ	Ξ		
=			
-			
•			
-	_	_	
	-		
-			

60.00



## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 6	662-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	10656 PRIME ACCEPTAN
CT Lien Solutions  P.O. Box 29071	23110560
Glendale, CA 91209-9071	NVNV FIXTURE
File with: CC NV [	Douglas, NV

DOC # 0763261 05/07/2010 11:42 AM Deputy: PK OFFICIAL RECORD Requested By: U CC DIRECT

Douglas County - NV Karen Ellison - Recorder

Page: 1 Of 2 BK-0510 PG- 1214 RPTT:



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

EDTODIC EVACT FU	L LEGAL MANAG	to and and and and all the same of	I 11) de est abbeniéte es combine co	mac		- N	
		illisert only o <u>rte</u> deolor riame (1	a or 10) - ou not abbreviate or combine na	mes			
15. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX		
NOVOA		LAURA	Λ.	1			
1c. MAILING ADDRESS 3518 VISTA GRANDE BL		CITY CARSON CITY	STATE NV	POSTAL CODE 89705	COUNTRY		
EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	14. JURISDICTION OF ORGANIZATION	1g. ORG	1g. ORGANIZATIONAL ID #, if any		
DDITIONAL DEBTOR	'S EXACT FULL LE	EGAL NAME - insert only o <u>ne</u>	debtor name (2a or 2b) - do not abbreviate	or combine na	mes	<u></u>	
2a. ORGANIZATION'S N	IAME		\ \ (				
2b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	MIDDLE NAME		
MAILING ADDRESS			CLLA	STATE	POSTAL CODE	COUNTRY	
EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID#, if ar	NON	
		TOTAL ASSIGNEE of ASSIGN	OR S/P) - insert only one_secured party n	ame (3a or 3b)			
					_		
3b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE NAME		SUFFIX	
	1. Suite 720		CITY Chicago	STATE	POSTAL CODE 60606	COUNTRY	
	16. INDIVIDUAL'S LAST NOVOA  MAILING ADDRESS 8 VISTA GRANDE EE INSTRUCTIONS  DDITIONAL DEBTOR 26. INDIVIDUAL'S LAST  MAILING ADDRESS EEE INSTRUCTIONS  EEE INSTRUCTIONS  EEE INSTRUCTIONS  EEE INSTRUCTIONS  ECURED PARTY'S N  36. ORGANIZATION'S N Prime Acceptan	19. ORGANIZATION'S NAME  10. INDIVIDUAL'S LAST NAME  NOVOA  ANILING ADDRESS 8 VISTA GRANDE BL  EEE INSTRUCTIONS  ADD'L INFO RE ORGANIZATION DEBTOR  DDITIONAL DEBTOR'S EXACT FULL LE  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  ADD'L INFO RE ORGANIZATION DEBTOR  ECURED PARTY'S NAME (or NAME of  3a. ORGANIZATION'S NAME  Prime Acceptance Corp.  3b. INDIVIDUAL'S LAST NAME	19. ORGANIZATION'S NAME  10. INDIVIDUAL'S LAST NAME  NOVOA  ANLING ADDRESS 8 VISTA GRANDE BL  SEE INSTRUCTIONS  ADD'L INFO RE ORGANIZATION DEBTOR  DITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one.  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  ADD'L INFO RE ORGANIZATION DEBTOR  ADD'L INFO RE ORGANIZATION DEBTOR  ADD'L INFO RE ORGANIZATION DEBTOR  ECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME Prime Acceptance Corp.  3b. INDIVIDUAL'S LAST NAME	15. INDIVIDUAL'S LAST NAME  16. INDIVIDUAL'S LAST NAME  NOVOA  ABILING ADDRESS 8 VISTA GRANDE BL  CITY CARSON CITY  CARSON CITY  CARSON CITY  16. TYPE OF ORGANIZATION DEBTOR  DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate  2a. ORGANIZATION'S NAME  1b. INDIVIDUAL'S LAST NAME  FIRST NAME  CITY  CITY  CARSON CITY  1c. TYPE OF ORGANIZATION DEBTOR  2b. INDIVIDUAL'S LAST NAME  FIRST NAME  CITY  2c. TYPE OF ORGANIZATION DEBTOR  2c. TYPE OF ORGANIZATION DEBTOR  CORGANIZATION OF ORGANIZATION DEBTOR  CORGANIZATION'S NAME  FIRST NAME  FIRST NAME	Th. INDIVIDUAL'S LAST NAME  NOVOA  ADDRESS 8 VISTA GRANDE BL  EE INSTRUCTIONS DEBTOR  DEBTOR  DITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one_ debtor name (2a or 2b) - do not abbreviate or combine natalized instructions name  2a. ORGANIZATION'S NAME  TAILING ADDRESS  CITY  STATE  WIDDLE  THE TYPE OF ORGANIZATION DEBTOR  CITY  STATE  THE TYPE OF ORGANIZATION DEBTOR  ADD'L INFO RE ORGANIZATION DEBTOR  THE ORGANIZATION DEBTOR  CULTED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one_ secured party name (3a or 3b) THE TYPE OF ORGANIZATION TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one_ secured party name (3a or 3b) THE TYPE OF ORGANIZATION TO THE TYPE OF ORGANIZATION THE	15. NORGANIZATION'S NAME  NOVOA  LAURA  FIRST NAME  LAURA  STATE POSTAL CODE 89705  STATE POSTAL CODE 89705  STATE POSTAL CODE 89705  STATE POSTAL CODE 89705  11. JURISDICTION OF ORGANIZATION OF ORGANIZATIO	

WATER TREATMENT SYSTEM

08974

5. ALTERNATIVE DESIGNATION (if applicable) LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING
[X] This FINANCING STATEMENT is to be filed [for record] (or recorder     ESTATE RECORDS. Attach Addendum	d) in the REAL 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	
22440560	650100156

650100156

9b. INDIVIDUAL'S LAST NAME NOVOA 	<u>-</u> -				1 1	
MISCELLANEOUS	FIRST NAME LAURA	MIDDLE NAME, SUFFIX	-		\ \	
,	•		1		\ \	
3140560-NV-5				_	$\bigcup \setminus$	
<b>0656 PRIME ACCEPTAN</b> le with: CC NV Douglas, NV 65010	00156				D SH WAS OFFICE HOE	OMIX
. ADDITIONAL DEBTOR'S EXACT FULI	LIFOAL NIGHT (mant only	and agent (the settle). He not	1		R FILING OFFICE USE	UNLY
11a, ORGANIZATION'S NAME	L LEGAL NAME - INSERT ONLY	one_name (11a or 11b) - do not	appleviate of compil	ie names	***	1
		/ /	\			
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS		CITY	///	STATE	POSTAL CODE	COUNTRY
d. <u>SEE INSTRUCTION</u> ADD'L INFO RE ORGANIZATIO DEBTOR		ON 11f. JURISDICTION OF OF	GANIZATION	11g. OR	GANIZATIONAL ID #, if	fany NO
ADDITIONAL SECURED PARTY	"S or ASSIGNOR S	P's NAME - insert only one nam	ne (12a or 12b)			
12a. ORGANIZATION'S NAME						
12b. INDIVIDUAL'S LAST NAME	_/	FIRST NAME		MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS		СІТУ		STATE	POSTAL CODE	COUNTRY
. This FINANCING STATEMENT covers collateral or is filed as a	I ON THE PLAT OF 1, FILED IN THE OFF OF DOUGLAS COUN'S DOCUMENT NO 113		scription:	<u>.                                    </u>		
. Name and address of a RECORD OWNER of (if Deblor does not have a record interest):	f above-described real estate		· ·	Ca to	,	
		17. Check only if applicable Debtor is a Trust or  18. Check only if applicable	Trustee acting with res	spect to prop	oerty held in trust ar	Decedent's Est