

Doc Number: **0826108** 06/26/2013 02:15 PM OFFICIAL RECORDS Requested By JUDITH A OTTO LTD UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY DOUGLAS COUNTY RECORDERS Karen Ellison - Recorder A. NAME & PHONE OF CONTACT AT FILER [optional] Judith A. Otto, Ltd. (775) 827-6886 B. SEND ACKNOWLEDGMENT TO: (Name and Address) 1 OF 3 Fee: \$ 92.00 Bk: 0613 Pg: 7057 Judith A. Otto, Ltd. 6880 S. McCarran Blvd., Suite 10 Reno, Nevada 89509 A.P.N. 1320-30-211-100 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 name 1a, ORGANIZATION'S NAME PLANET FOODS L.L.C. OR SHEERY 1b. INDIVIDUAL'SLASTNAME FIRST NAME MIDDLE NAME 1c. MAILING ADDRESS COUNTRY POSTAL CODE CITY STATE 5403 DASCO WAY 95835 SACRAMENTO 1g. ORGANIZATIONAL ID#, if any 1f. JURISDICTION OF ORGANIZATION 1d. SEE INSTRUCTIONS ADD'L INFO RE 16. TYPE OF ORGANIZATION **ORGANIZATION** NONE **NEVADA** DEBTOR 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2e or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME DAIRY OUEEN OF MINDEN OR SUFFIX MIDDLE NAME FIRST NAME 2b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS POSTAL CODE COUNTRY CITY STATE 89423 1710 HIGHWAY 395 MINDEN 2d. SEEINSTRUCTIONS ADD'L INFO RE | 2e TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2q, ORGANIZATIONAL ID #, if any ORGANIZATION NONE DEBTOR 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 3b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX FIRST NAME **BOECHE**, Trustee STEVE 3c. MAILING ADDRESS POSTAL CODE COUNTRY STATE 89703 2236 OAKRIDGE DRIVE CARSON CITY NV 4. This FINANCING STATEMENT covers the following collateral: The collateral shall be all furniture, fixtures, equipment, inventory, and leasehold improvements of Debtor and including Proceeds thereof, now owned or hereafter acquired, which are used in the operation of that certain business now known as "Dairy Queen of Minden" located at 1710 Highway 395, Minden, Nevada, together with all intangible assets of Debtor now owned or hereafter acquired. CROSS INDEX AS REAL PROPERTY

CONSIGNEE/CONSIGNOR

6. This FINANCING STATEMENT is to be filed (for records) (or recorded) in the REAL (fr applicable)

17. Check to REQUEST SEARCH REPORT(S) on Debtor(s)

18. [ADDITIONAL FEE] (gottonal)

BAILEE/BAILOR

SELLER/BUYER

AG. LIEN

All Debtors Debtor 1 Debtor 2

NON-UCC FILING

5. ALTERNATIVE DESIGNATION [if applicable]. LESSEE/LESSOR

8 OPTIONAL FILER REFERENCE DATA

BK : 06 13 PG : 7058 6/26/20 13

LOW INSTRUCTIONS (front and I IAME OF FIRST DEBTOR (1a or		STATEMENT			
9a. ORGANIZATION'S NAME	TO THE			\ \	
PLANET FOODS L.L.O	2.			\ \	
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX		\ \	
MISCELLANEOUS:				\	
ADDITIONAL DERTOR'S EYACT	TENLINGAL BLAME inport only	TH one name (11a or 11b) - do not abbreviate or co		S FOR FILING OFF	ICE USE ONLY
11a. ORGANIZATION'S NAME	FOLL LEGAL NAME - Insert only (Me name (11a or 11b) - do not appreviate or co	ombine names		
11b. INDIVIDUAL'S LAST NAME	-	FIRST NAME	MIDDLE	VAME	SUFFIX
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTR
SEE INSTRUCTIONS ADD'L INFO ORGANIZA DESTOR	O RE 118. TYPE OF ORGANIZATIO	N 111. JURISDICTION OF ORGANIZATIO)N 11g. ORG	 SANIZATIONAL ID #, if	any
ADDITIONAL SECURED PA	ARTY'S & ASSIGNOR S	/P'S NAME - Insert only one name (12a or	(12b)		
12a. ORGANIZATION'S NAME	ATTIO MILI ASSIGNATION	TO TOTAL TREATMENT ONLY MID HAME (128 OF	120)		
	/ /	/ / /			
12b. INDIVIDUAL'S LAST NAME	1 1	FIRST NAME	MIDDLE	NAME	SUFFIX
BOECHE, Trustee		KATHLEEN			
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTR
36 OAKRIDGE DRIVE		CARSON CITY	NV	89703	
This FINANCING STATEMENT covers collateral, or is filed as a	ing	ted 16, Additional collateral description:			
	VFR of about described rule estate				
(if Debtor does not have a record intere HITECROSS LIMITED 59 San Miguel Drive	PARTNERSHIP	17. Check only if applicable and check			
(if Debtor does not have a record intere HITECROSS LIMITED 9 San Miguel Drive	PARTNERSHIP	17. Check only if applicable and check on Debtor is a Trust or Trustee a		operty held in trust or	Decedent's I
(if Debtor does not have a record intere HITECROSS LIMITED 9 San Miguel Drive	PARTNERSHIP		cting with respect to pr	operty held in trust or	Decedent's
(if Debtor does not have a record intere HITECROSS LIMITED 19 San Miguel Drive	PARTNERSHIP	Debtor is a Trust or Trustee a	cting with respect to property one box.	operty held in trust or	Decedent's
Name and address of a RECORD OWN (if Debtor does not have a record interest PHITECROSS LIMITED 59 San Miguel Drive ewport Beach, CA 92660	PARTNERSHIP	Debtor is a Trust or Trustee a 18. Check only if applicable and check	cting with respect to prognly one box.		Decedent's t

EXHIBIT "A"

All that real property situate in the County of Douglas, State of Nevada and more particularly described as follows:

A parcel of land located within a portion of Section 30, Township 13 North, Range 20, East, Mount Diable Baseline and Meridian, Douglas County, Nevada described as follows:

PARCEL 1:

Parcel 4-A-2, as set forth on Parcel Map #3 for MINDEN IRONWOOD PARTNERS, filed for record in the Office of the County Recorder of Douglas County, State of Nevada on January 24, 1995, in Book 195, Page 3133, as Document No. 354903.

PARCEL 2:

A non-exclusive easement for vehicular and pedestrian ingress, egress and access along the common access drives shown on the maps attached to the Declaration of Establishment of Covenants, Conditions and Restrictions and Grants of Easements dated March 21, 1997, by Minden Ironwood Partners as Declarant, which was recorded March 24, 1997 in Book 397, Page 3610 as Document No. 408981 and re-recorded June 19, 1997 in Book 697, Page 4074 as Document No. 515500, in each case in the Office of the Recorder, Douglas County, Nevada.