



00031958201608780720020024

KAREN ELLISON, RECORDER

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
 Connie Sorenson (801) 747-7713 457403

B. EMAIL CONTACT AT FILER (optional)
 csorenson@medallion.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

MEDALLION BANK
 1100 EAST 6600 SOUTH, SUITE 510
 SALT LAKE CITY, UT 84121

FILED IN: DOUGLAS, NV

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S SURNAME Brown	FIRST PERSONAL NAME Martha	ADDITIONAL NAME(S)/INITIAL(S) C	SUFFIX
1c. MAILING ADDRESS 3360 Paser Ct	CITY Carson City	STATE NV	POSTAL CODE 89705
		COUNTRY USA	

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME Brown	FIRST PERSONAL NAME Raymond	ADDITIONAL NAME(S)/INITIAL(S) A	SUFFIX
2c. MAILING ADDRESS 3360 Paser Ct	CITY Carson City	STATE NV	POSTAL CODE 89705
		COUNTRY USA	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME
MEDALLION BANK

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 1100 EAST 6600 SOUTH, STE 510	CITY SALT LAKE CITY	STATE UT	POSTAL CODE 84121
		COUNTRY USA	

4. COLLATERAL: This financing statement covers the following collateral:

Composition Roof - Fixture Filing

THE FOLLOWING PROPERTY IS SITUATED IN CARSON CITY, COUNTY OF DOUGLAS, STATE OF NEVADA TO WIT: SILVERADO HEIGHTS 02 BLK C LOT 186 SEC 18 T14 R20 INDIAN HILLS TWP PROPERTY ADDRESS: 3360 PLACER CT, CARSON CITY, NV 89705 PARCEL ID#: 1420-18-113-054

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank

because individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME

Brown

FIRST PERSONAL NAME

Martha

ADDITIONAL NAME(S)/INITIAL(S)

C

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

USA

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

Owners: Martha C Brown , Raymond A Brown

16. Description of real estate:

THE FOLLOWING PROPERTY IS SITUATED IN CARSON CITY, COUNTY OF DOUGLAS, STATE OF NEVADA TO WIT: SILVERADO HEIGHTS 02 BLK C LOT 186 SEC 18 T14 R20 INDIAN HILLS TWP PROPERTY ADDRESS: 3360 PLACER CT, CARSON CITY, NV 89705 PARCEL ID#: 1420-18-113-054

17. MISCELLANEOUS: