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DOUGLAS COUNTY, NV Rec:\$90.00

2018-911587

Total:\$90.00

03/14/2018 02:30 PM

LAW OFFICE OF JUDITH OTTO

Pgs=3



UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional)		I	KARENELL	ISON, RECORDE	:R	
Judith A. Otto, Ltd. (775) 827-6886			TO THE LEE	,,,,,		
B. E-MAIL CONTACT AT FILER (optional)				\ \		
law@ottoltd.com				\ \		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				\ \		
Judith A. Otto, Ltd.	, ¬			\ \		
3748 Lakeside Drive, Suite 102	1	_		\ \		
Reno, Nevada 89509			The second lives and the second lives are the second lives and the second lives are the secon	\ \		
1010, 100, 100					\	
A.P.N. 1420-06-602-015		-			. \	
				R FILING OFFICE L		
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use examame will not fit in line 1b, leave all of item 1 blank, check here and provided in the second of the	ct, full name; do not omit, rovide the Individual Debt	modify, or abbreviate any p or information in item 10 of t	art of the Debtor	s name); if any part of ternent Addendum (Fo	rm UCC1Ad)	
1a. ORGANIZATION'S NAME MCMULLEN ONE, INC.						
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITION	S) SUFFIX		
	/ /		07475	IDOGTAL CODE	COUNTRY	
1c. MAILING ADDRESS	CARSO	VCITV	STATE	POSTAL CODE	COUNTRY	
971 TOPSY LANE #322	7,		/	<u> </u>		
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exaname will not fit in line 2b, leave all of item 2 blank, check here and p	ct, full name; do not omit, rovide the Individual Debi	modify, or abbreviate any p or information in item 10 of	art of the Debtor	s name); if any part of itement Addendum (Fo	the Individual Debtor's orm UCC1Ad)	
2a. ORGANIZATION'S NAME		\				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSON.	AL NAME	ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX	
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	SECURED PARTY): Pro	ovide only <u>one</u> Secured Part	y name (3a or 3b)		
3a. ORGANIZATION'S NAME	'	\ \				
ROGER'S MAGIC CARPETS, INC.	I FIRST PERSON	AL MAME	IADDITIO	NAL NAME(SVINITIAL	(S) SUFFIX	
3b. INDIVIDUAL'S SURNAME	FIRST PERSON	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		
3c. MAILING ADDRESS 421 DINO COURT	GARDN	ERVILLE	NV	89460	COUNTRY	
4. COLLATERAL: This financing statement covers the following collateral: The collateral shall be all furniture, fixtures, equiperoceeds thereof, now owned or hereafter acquire "Roger's Carpet One Floor & Home" located at 9 intangible assets of Debtor now owned or hereaftee CROSS INDEX AS REAL PROPERTY	d, which are use 71 Topsy Lane, i r acquired.	d in the operation Suite 322, Carson	of that cert	ain business nala, together wi	ow known as th all	
	Trust (see UCC1Ad, iter	n 17 and Instructions)			ersonal Representative	
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:					
Public-Finance Transaction Manufactured-Home Transaction		a Transmitting Utility			n-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consig	nor Seller/Buye	erBa	ilee/Bailor	Licensee/Licensor	

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 MCMULLEN ONE, INC. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX ADDITIONAL NAME(S)/INITIAL(S) 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 SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE COUNTRY 10c. MAILING ADDRESS CITY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a, ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX OR FIRST PERSONAL NAME 11b. INDIVIDUAL'S SURNAME POSTAL CODE COUNTRY 11c. MAILING ADDRESS CITY 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 as-extracted collateral is filed as a fixture filing covers timber to be cut 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): SEE EXHIBIT "A" ATTACHED HERETO. CARSON VALLEY CENTER, L.L.C. 4350 Shawnee Mission Parkway, Suite 159 Shawnee Mission, KS 66205 17. MISCELLANEOUS:

EXHIBIT "A"

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

PARCEL A:

Beginning at a point on the Southerly right of way of Topsy Lane from which the center of said Section 6 bears South 39°29'12" West a distance of 1693.02 feet;

Thence with said right of way North 89°32'09" East a distance of 248.02 feet;

Thence North 89°31'04" East a distance of 45.98 feet;

Thence departing said right of way South 00°43'23" East a distance of 226.11 feet;

Thence South 89°16'37" West a distance of 294.00 feet;

Thence North 00°43'23" West a distance of 227.42 feet to the Point of Beginning.

The above described land is also designated as Parcel A on the Record of Survey filed October 8, 2002, File No. 554147.

NOTE (NRS 111.312): The above metes and bounds description appeared previously in that certain Deed, recorded in the office of the County Recorder of Douglas, Nevada on August 31, 2004, in Book 0804 on Page 14219, as Document No. 0623134, of Official Records.