A NAME PHONE OF CONTACT AT FILER (optional) ONLINE DEPT 888-507-4593  D. E. MALL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO. (Name and Address) FIRST CORPORATE SOLUTIONS INC. 914 S STREET  SACRAMENTO CA 95811 LLCC1-590486  DOUGLAS COUNTY, N.Y  1. DEBTORS NAME. Produce any good better service is or 15 juins search, all search and address are serviced in the 15 years and of search tibers, check here. and or other interests all of the 15 years and of search tibers, check here. and of search tibers and of search tibers and of search tibers, check here. and of search tibers and of search tibers and of search tibers, check here. and of search tibers and of search tibers. Support tibers and of search tibers. Support tibers and of search tibers and of search tibers and of search tibers. Support tibers and of search tibers and of search tibers and of search tibers and of search t	UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS APN: 1320-26-0	01-030	DOUGLAS COUNTY Rec:\$60.00 \$60.00 Pgs=2 FIRST CORPORATE KAREN ELLISON, R	11/19/2020 SOLUTIONS INC.	956690 08:22 AM
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## 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 9b. INDIVIDUAL'S SURNAME RESHAW FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 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 STATE POSTAL CODE COUNTRY CITY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) X is filed as a fixture filing covers timber to be cut covers as-extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: 1720 NORTH BENTON RD RESHAW ALBERT J IV / RESHAW LORI R MINDEN NV 89423 1720 NORTH BENTON RD APN: 1320-26-001-030 MINDEN NV 89423 LOT: 6 BLOCK B SECTION: 132026 SUBDIVISION: AURORA

17. MISCELLANEOUS: