

DOUGLAS COUNTY, NV **2023-1002642**
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 STEWART TITLE COMPANY - NV
 SHAWNYNE GARREN, RECORDER

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Z LOAN & INVESTMENT, LLC
P. O. BOX 12459
ZEPHYR COVE, NV 89448

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
2494 NOWLIN, LLC

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

1c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
GARDNERVILLE	NV	89460	US

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

FIRST PERSONAL NAME	ADDITIONAL 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): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME
LEWIS S. FELDMAN, TRUSTEE OF THE FELDMAN THIEL LLP 401K PLAN

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

3c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
ZEPHYR COVE	NV	89448	US

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

All plans whatsoever (including but not limited to civil, architectural, structural and landscape); all reports whatsoever (including but not limited to drainage, soils, traffic and school); and all permits and entitlements, including without limitation Douglas County Community Development Building Division Permits No. DB23-1082 – Commercial, DB23-008 -Site Improvement and DB23-2787 – Allocation, and Certificate of Allocation # IE-745; appurtenant to and/or associated with real property commonly known as 2494 Nowlin Road, Minden, NV 89423, APN: 1320-05-002-031.

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:
2494 NOWLIN, LLC #2023331

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 2494 NOWLIN, LLC	
OR	
9b. INDIVIDUAL'S SURNAME	
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	CITY	STATE	POSTAL CODE	COUNTRY
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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 CHAPLIN	FIRST PERSONAL NAME CAROL	ADDITIONAL NAME(S)/INITIAL(S) ROOT	SUFFIX
11c. MAILING ADDRESS C/O Z LOAN. P. O. BOX 12459	CITY ZEPHYR COVE	STATE NV	POSTAL CODE 89448
		COUNTRY US	

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):

16. Description of real estate:
**Real property located in Douglas County, State of Nevada further described as:
 See Exhibit "A" attached hereto and made a part hereof.
 2494 Nowlin Road, Minden, NV 89423
 APN: 1320-05-002-031**

17. MISCELLANEOUS:
2494 NOWLIN, LLC #2023331

Exhibit "A" to UCC-1 Filing
2494 Nowlin, LLC

Real Property located in Douglas County, State of Nevada:

Lot 9 as shown on the FINAL MAP DP 20-0182 FOR NOWLIN ROAD SUBDIVISION BEING A SUBDIVISION OF PARCEL 3 OF THE BLA MAP RECORDED AT DOCUMENT NO. 623655 IN THE E 1/2 OF SECTION 5, TOWNSHIP 13 NORTH, RANGE 20 EAST, M.D.M., filed for record in the office of the Douglas County Recorder, State of Nevada, on May 24, 2021 as File No. 2021-968001, Official Records.

The Real Property or its address is commonly known as 2494 Nowlin Road, Minden, NV 89423. The Real Property tax identification number is 1320-05-002-031

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