

UNIFORM COMMERCIAL CODE — FINANCING STATEMENT — FORM UCC-1

This FINANCING STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code

IMPORTANT: Read Instructions on back before filling out form.

Receipt No. _____

1. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
1B. MAILING ADDRESS		1C. CITY, STATE	
1E. RESIDENCE ADDRESS		1F. CITY, STATE	
1D. ZIP CODE		1G. ZIP CODE	
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	
2E. RESIDENCE ADDRESS		2F. CITY, STATE	
2D. ZIP CODE		2G. ZIP CODE	
3. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
4. SECURED PARTY NAME MAILING ADDRESS CITY STATE ZIP CODE		4A. SOCIAL SECURITY NO FEDERAL TAX NO OR BANK TRANSIT AND A.B.A. NO.	
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	

6. This FINANCING STATEMENT covers the following types or items of property (if crops or timber, include description of real property on which growing or to be growing and name of record owner of such real estate; if fixtures, include description of real property to which affixed or to be affixed and name of record owner of such real estate; if oil, gas or minerals, include description of real property from which to be extracted).

THIS SPACE FOR USE OF FILING OFFICER

6A. _____ **SIGNATURE OF RECORD OWNER** **6C. \$** _____ **MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)**
6B. _____ **(TYPE) RECORD OWNER OF REAL PROPERTY**

7. Check if Applicable <input checked="" type="checkbox"/>	A. <input type="checkbox"/> Proceeds of collateral are also covered	B. <input type="checkbox"/> Products of collateral are also covered	C. <input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected (Debtor's Signature Not Required)	D. <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction (Debtor's Signature Not Required)
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8. Check if Applicable
 DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403.

9. _____ (Date) _____ 19____
 By _____ (SIGNATURE(S) OF DEBTOR(S)) _____ (TITLE)
 _____ (TYPE NAME(S))
 By _____ (SIGNATURE(S) OF SECURED PARTY(IES)) _____ (TITLE)
 _____ (TYPE NAME(S))

11. This Space for Use of Filing Officer: (Date, Time, File Number and Filing Officer)

10. Return Copy to:
 NAME _____
 ADDRESS _____
 CITY, STATE AND ZIP _____
 Trust Account Number (If Applicable) _____

WHITE—Alphabetical; PINK—Acknowledgement;
 GREEN—Secured Party; BLUE—Debtor.

INSTRUCTIONS

1. PLEASE TYPE THIS FORM USING BLACK TYPEWRITER RIBBON.
2. IF THE SPACE PROVIDED FOR ANY ITEM IS INADEQUATE:
 - a. Note "Contd." in the appropriate space(s).
 - b. Continue the item(s) preceded by the Item No. on an additional 8½" x 11" sheet.
 - c. Head each additional sheet with the Debtor's name as it appears in Item No. 1 of this form.
3. NUMERICAL IDENTIFICATION: Social Security, Federal Tax, Transit/ABA Numbers and ZIP Codes are to be included so that Financing Statements may be more readily indexed and information rapidly retrieved through the use of electronic data processing equipment.
 - a. If the Debtor, Secured Party or Assignee is an individual, include Social Security Number in the appropriate space.
 - b. If the Debtor, Secured Party or Assignee is other than an individual or a bank, show Federal Taxpayer Number in the appropriate space.
 - c. If the Secured Party or Assignee is a bank, show Transit and ABA Number in the appropriate space.
4. Remove Secured Party and Debtor copies.

Send FIRST TWO COPIES to the Filing Officer with the correct filing fee. The original will be retained by the Filing Officer. The remaining copy will be returned with the filing date and time stamped thereon. Indicate the name and mailing address of the person or firm to whom the copy is to be returned in Item No. 10. If a copy is to be sent to someone other than the person or firm listed in box No. 10, please provide a self-addressed envelope.

5. FILING FEE: NEVADA STATE FORM.....\$15.00
Any other state form.....\$20.00
For each page of attachment(s).....\$1.00
Each additional debtor(s) name, tradename, tradestyle, DBA.....\$1.00
(Spouse is an additional debtor)

"TRANSMITTING UTILITY" filing: In accordance with NRS 704.205, the filing fee will be \$2.00.

THE CORRECT FEE MUST BE RECEIVED BEFORE PROCESS AND THE CHECK SHOULD BE MADE PAYABLE TO THE APPROPRIATE FILING OFFICER. If you are charging the fees to your Trust Account, a letter must accompany this form stating that is how you want to pay for the fees. Space for your Trust Account Number is provided on the front of this form.

6. SIGNATURES: Before mailing be sure that the financing statement has been properly signed. If either item 7C or 7D is checked, only the signature of the Secured party is required.
7. Secured Party must file a termination statement with the Secretary of State (UCC division) within one month following termination of security interest or within 10 days following written demand by the debtor. Failure to do so will result in liability to the debtor for \$100.00 in addition to any loss caused to the debtor by such failure.

UNIFORM COMMERCIAL CODE — FINANCING STATEMENT CHANGE — FORM N-UCC-2

This STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code

IMPORTANT:

Read instructions on back before filling out form.

Receipt No. _____

1. File No. of Orig. Financing Statement	1A. Date of Filing of Orig. Financing Statement	1B. Date of Orig. Financing Statement	1C. Place of Filing Orig. Financing Statement
2. DEBTOR (ONE NAME ONLY) <small>1) LEGAL BUSINESS NAME 2) INDIVIDUAL (LAST NAME FIRST)</small>			2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <small>1) LEGAL BUSINESS NAME 2) INDIVIDUAL (LAST NAME FIRST)</small>			3A. SOCIAL SECURITY OR FEDERAL TAX NO.
3B. MAILING ADDRESS		3C. CITY, STATE	3D. ZIP CODE
4. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
5. SECURED PARTY NAME MAILING ADDRESS CITY STATE ZIP CODE			5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
6. ASSIGNEE OF SECURED PARTY (If Any) NAME MAILING ADDRESS CITY STATE ZIP CODE			6A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
7. A. <input type="checkbox"/> CONTINUATION—The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, fixtures, or oil, gas or minerals check here <input type="checkbox"/> and insert description of real property on which growing or to be grown or to which affixed or to be affixed or from which to be extracted in Item 8 below. If crops or fixtures, also insert name of record owner of real estate. Effective only if submitted within 6 months prior to expiration date.			
B. <input type="checkbox"/> RELEASE—From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in Item 8 below. Release does not terminate debt.			
C. <input type="checkbox"/> ASSIGNMENT—The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all or part of the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 8 below.			
D. <input type="checkbox"/> TERMINATION—The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.			
E. <input type="checkbox"/> AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 8 below. Any changes made to Items 2 thru 6 above must be made in Item 8 below. (Signature of Debtor(s) and Secured Party(ies) required on all amendments.)			

8. _____

9. _____ (Date) _____ 19____

By _____ (TITLE)

SIGNATURE(S) OF DEBTOR(S)

TYPE NAME(S)

By _____ (TITLE)

SIGNATURE(S) OF SECURED PARTY(IES)

TYPE NAME(S)

10. This Space for Use of Filing Officer: (Date, Time, File Number and Filing Officer)

THIS SPACE FOR USE OF FILING OFFICER

11. **Return Copy to:**

NAME ADDRESS CITY, STATE AND ZIP	Trust Account Number (If Applicable)
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INSTRUCTIONS

1. PLEASE TYPE THIS FORM USING BLACK TYPEWRITER RIBBON.
2. IF THE SPACE PROVIDED FOR ANY ITEM IS INADEQUATE:
 - a. Note "Continued" in the appropriate space(s).
 - b. Continue the item(s) preceded by the Item No. on an additional 8 1/2" x 11" sheet.
 - c. Head each additional sheet with the Debtor's name (last name first if an individual) appearing in Item No. 2 of this form.
3. Any changes made to Items No. 2 thru No. 6 must be made in Item No. 8.
4. NUMERICAL IDENTIFICATION: Social Security, Federal Tax, Transit/ABA Numbers and Zip Codes are to be included so that statements may be more readily indexed and information rapidly retrieved through the use of electronic data processing equipment.
 - a. If the Debtor, Secured Party or Assignee is an individual, include a Social Security Number in the appropriate space.
 - b. If the Debtor, Secured Party or Assignee is other than an individual or a bank, show a Federal Taxpayer Number in the appropriate space.
 - c. If the Secured Party or Assignee is a bank, show a Transit and/or ABA Number in the appropriate space.
5. Be sure to indicate the type of Statement being filed by checking the appropriate box in Item No. 7—CHECK ONE BOX ONLY.

6. FILING FEE: NEVADA STATE FORM.....\$15.00
Any other State form.....\$20.00
For each page of attachment(s).....\$1.00
Each additional debtor(s) name, tradename, tradestyle or DBA.....\$1.00
(Spouse is an additional debtor.)

THE CORRECT FEE MUST BE RECEIVED BEFORE PROCESSING AND THE CHECK SHOULD BE MADE PAYABLE TO THE APPROPRIATE FILING OFFICER (i.e. Secretary of State or County Recorder). If you are charging the fees to your Trust Account, a letter must accompany this form stating that this is how you want to pay for the fees. Space for your Trust Account Number is provided on the front of this form.

7. SIGNATURES: Before mailing be sure that the Statement has been properly signed. Continuation, Release, Assignment, or Termination Statements require only the signature of the Secured Party of Record. An Amendment requires the signatures of both the Debtor and Secured Party of Record.
8. Secured Party must file a termination statement with the Secretary of State (UCC Division) within one month following termination of security interest or within 10 days following written demand by the debtor. Failure to do so will result in liability to the debtor for \$100.00, in addition to any loss caused to the debtor by such failure.
9. Please fill in the "Return Copy to" box at all times to avoid any delays in processing your form. A SELF-ADDRESSED STAMPED ENVELOPE IS REQUIRED.