

# 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 checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>EUREKA HARDWARE</b>		1A. SOCIAL SECURITY OR FEDERAL TAX NO <b>88-0231259</b>	
1B. MAILING ADDRESS <b>Box 696</b>		1C. CITY, STATE <b>Eureka, Nevada</b>	1D. ZIP CODE <b>89316</b>
1E. RESIDENCE ADDRESS		1F. CITY, STATE	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	2D. ZIP CODE
2E. RESIDENCE ADDRESS		2F. CITY, STATE	2G. ZIP CODE
3. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
4. SECURED PARTY NAME <b>RURAL NEVADA DEVELOPMENT CORPORATION</b> MAILING ADDRESS <b>P.O. Box 339</b> CITY <b>Ely</b> STATE <b>Nevada</b> ZIP CODE <b>89301</b>		4A. SOCIAL SECURITY OR FEDERAL TAX NO OR BANK TRANSIT AND A.B.A. NO <b>88-0280033</b>	
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		5A. SOCIAL SECURITY OR 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)  <b>All inventory, Accounts, Contract Rights and General Intangibles; whether owned now or acquired later; all accessions, additions, replacements, and substitutions; all records of any kind relating to any of the foregoing; all proceeds (including insurance, general intangibles and other accounts proceeds).</b>			
6A. <i>Jerry L. Machacek</i> SIGNATURE OF RECORD OWNER		6C. \$ _____ MAXIMUM AMOUNT OF INTEREST TO BE SECURED AT ANY ONE TIME (OPTIONAL)	
6B. <i>Trina L. Machacek</i> (TYPE) RECORD OWNER OF REAL PROPERTY			
7. Check if Applicable <input checked="" type="checkbox"/>	A. <input checked="" type="checkbox"/> Proceeds of collateral are also covered	B. <input checked="" 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)
8. Check if Applicable <input type="checkbox"/>	DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403		
9. <i>Jerry L. Machacek</i> (Date) <b>4-2</b> 19 <b>93</b> SIGNATURE(S) OF DEBTOR(S) <b>JERRY L. MACHACEK — TRINA L. MACHACEK</b> NAME(S) <i>Trina L. Machacek</i> SIGNATURE(S) OF SECURED PARTY(S) <b>RURAL NEVADA DEVELOPMENT CORPORATION</b> NAME(S)		11. This Space for Use of Filing Officer (Date, Time, File Number and Filing Office) <b>BOOK 246 PAGE 353</b> <b>OFFICIAL RECORDS</b> <b>RECORDED AT THE REQUEST OF</b> <b>Trina L. Machacek</b> <b>'93 APR -2 P3:08</b> <b>EUREKA COUNTY, NEVADA</b> <b>M.N. RECALRATI, RECORDER</b> <b>FILE NO FEE \$ 11.00</b> <b>145038</b>	

THIS SPACE FOR USE OF FILING OFFICER  
20.5/100

10. Return Copy to:  
 **RURAL NEVADA DEVELOPMENT CORPORATION**  
NAME ADDRESS CITY, STATE AND ZIP **P.O. Box 339 Ely, NV 89301**  
 Trust Account Number (If Applicable)

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