
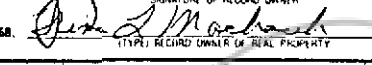


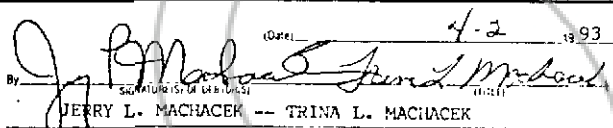
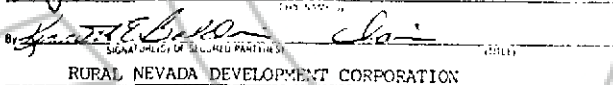
UNIFORM COMMERCIAL CODE — FINANCING STATEMENT — FORM UCC-1

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) EUREKA HARDWARE		1A. SOCIAL SECURITY OR FEDERAL TAX ID NO. 88-0231259
1B. MAILING ADDRESS Box 339	1C. CITY, STATE Eureka, Nevada	1D. ZIP CODE 89316
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 ID 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: RURAL NEVADA DEVELOPMENT CORPORATION MAILING ADDRESS: P.O. Box 339 CITY: Ely STATE: Nevada ZIP CODE: 89301		4A. SOCIAL SECURITY OR FEDERAL TAX ID OR BANK TRANSIT AND A.B.A. NO. 88-0280033
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		5A. SOCIAL SECURITY OR FEDERAL TAX ID 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 oil 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): <p align="center">Furniture, fixtures and equipment</p>		
6A.  SIGNATURE OF RECORD OWNER		6C. \$ _____ MAXIMUM AMOUNT OF INTEREST TO BE SECURED AT ANY ONE TIME (OPTIONAL)
6B.  SIGNATURE OF SECURED PARTY		
7. Check if Applicable <input checked="" type="checkbox"/>	A. <input checked="" type="checkbox"/> Proceeds of collateral are also covered	B. <input type="checkbox"/> Products of oil lateral 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)
8. Check if Applicable <input type="checkbox"/>	DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403	

9. (Date) <u>4-2</u> 19 <u>93</u> By  SIGNATURE(S) OF DEBTOR(S) JERRY L. MACHACEK -- TRINA L. MACHACEK By  SIGNATURE(S) OF SECURED PARTY(S) RURAL NEVADA DEVELOPMENT CORPORATION		11. This Space for Use of Filing Officer (Date, Time, Fee Number and Filing Office) BOOK 246 PAGE 354 OFFICIAL RECORDS RECORDED AT THE REQUEST OF Trina L. Machacek 93 APR -2 P3:08 EUREKA COUNTY, NEVADA M.N. REDEALERS RECORDS FILE No. FEES 1100 145039
10. Return Copy to: <input type="checkbox"/> RURAL NEVADA DEVELOPMENT CORPORATION NAME ADDRESS CITY, STATE AND ZIP: P.O. Box 339 Ely, NV 89301 Trust Account Number (if Applicable)		

THIS SPACE FOR USE OF FILING OFFICER

14-51001