			BI	OOK 389	PAGE 34
				OFFICIAL RECORDED AT THE RE	ROS
CC FINANCING	STATEMENT		,,, ₂₀₀	Stewart	Jul
LLOW INSTRUCTIONS	(front and back) CAREFULLY_	· .		4 AUG - 5 PH	4:47
. NAME & PHONE OF CO CATHY HAMRE	ONTACT AT FILER [optional]		£11	REKA COUNTY. N	EVADA
SEND ACKNOWLEDGE	MENT TO: (Name and Address)		M.N	. REBALEATI. REI TLE NO.	CORDER
			F	TLE NO.	EE\$4// .
GREAT BAS	IN BANK OF NEVADA	ti	1000	\ \	
ELKO, NV 8		ţ	19083	L 4 \ \	
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DEBTOR'S EXACT FL	JLL LEGAL NAME - insert only one debtor name (1		VE SPACE IS FI	OR FILING OFFICE US	EONLY
1a. ORGANIZATION'S NA			_		
R I INIONADUAL SI ASTA	NAME OF THE PARTY	IFIRST NAME	JANIDON E	NAME	SUFFIX
1b. INDIVIDUAL'S LAST NAME MILLER c. MAILING ADDRESS		OWEN	J	MIDDLE NAME J STATE POSTAL CODE	
		CITY	STATE		
HC 62 BOX 62195		EUREKA	NV	89316-9601	USA
SEE INSTRUCTIONS	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION Individual	11. JURISDICTION OF ORGANIZATION	19. ORG	SANIZATIONAL ID #, if any	_
ADDITIONAL DERTOE	DEBTOR ING.	debias and (2) - 2b) do not obtain its an	and a second		X
MILLER MAILING ADDRESS	-/-	CHERYL	STATE	POSTAL CODE	COUNTRY
HC 62 BOX 62195		EUREKA	NV	89316-9601	USA
SEE INSTRUCTIONS	ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION Individual	2f. JURISDICTION OF ORGANIZATION	Izg. Oke	ANIZATIONAL ID #, if any	X
SECURED PARTYS	NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO	OR S/P) - insert only one secured party name (3	a or 3b)		
3a. ORGANIZATION'S NA GREAT BASIN BA					
36. INDIVIDUAL'S LAST N	VIII VIII VIII VIII VIII VIII VIII VII	FIRST NAME	MIDDLE	NAME	SUFFIX
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	The state of the s				
MAILING ADDRESS 187 RAILROAD STRE	FT	CITY	STATE	POSTAL CODE 89801	COUNTRY

NAME OF FIRST DEBTOR (1a or		STATEMENT				_
9a. ORGANIZATION'S NAME					\ \	
P DB. INDIVIDUAL'S LAST NAME MILLER	FIRST NAME OWEN	MIDDLE NAME,	SUFFIX		\ \	
, MISCELLANEOUS:					\ \	
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			TUE	ABOVE SPACE	IS FOR FILING OFFIC	CEUSE ONLY
. ADDITIONAL DEBTOR'S EXACT	CHILLIEGAL NAME inserted	hunna nama /11a ar 11h) - da a			OT OR FIELDO OF TR	SE GOE GIVE!
11a. ORGANIZATION'S NAME	FULL LEGAL NAME - Insert on	iy <u>one</u> name (11a dr 11b) - do 1	or appreviate or co	monte names		
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDOLE	NAME	SUFFIX
			/	/		
MAILING ADDRESS		CITY	$\overline{}$	STATE	TPOSTAL CODE	COUNTRY
SEE INSTRUCTIONS ADD'L INFO	RE 11e. TYPE OF ORGANIZA	TION 11f. JURISDICTION C	F ORGANIZATION	11g. OR	GANIZATIONAL ID #, if a	iny
ORGANIZA DEBTOR	TION		V (. 1	•	Пио
ADDITIONAL SECURED PA	PTVS at LASSIGNORS	S/P'S NAME - insert only o	na nama (12a or 12	25)		1 1140
12a. ORGANIZATION'S NAME	TITO U []ASSIGNON	3/F 3 INAME - Hiself Grilly G	TE HAINS (124 OF 12		-	
	/ /		1	"Paragonia		
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIODLE	NAME -	SUFFIX
			/			
. MAILING ADDRESS		CITY	1	STATE	POSTAL CODE	COUNTRY
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This FINANCING STATEMENT covers	timber to be cut or as-extra	cted 16. Additional collater	al description:		•	· · · · · · · · · · · · · · · · · · ·
collateral, or is filed as a fixture filin			- 1			
. Description of real estate:	\ \	/	/			
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. Name and address of a RECORD OWNE	D at the sandarasis of and autors					
(if Debtor does not have a record interes						
		17 Charles and it and		-h h		
		17. Check <u>only</u> if appt Debtor is a Trust		_	ا حد ندید ما امام بصورت	Decedent's Esta
		18. Check only if appl			operty held in trust or	Decedent's Estat
4.00				•		
1908	14	Debtor is a TRANS				
	ara li 6	1 ₹		ed-Home Transaction nce Transaction - effe	•	

FILING OFFICE CON JUST FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 05/22/02)

Harland Financial Solutions 400 S.W. 6th Avenue, Portland, Oregon 97204