

UNIFORM COMMERCIAL CODE-FINANCING STATEMENT-FORM UCC-1
IMPORTANT-Read instructions on back before filling out form

FORM #M019-04-036 (6/84)

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

1. DEBTOR (LAST NAME FIRST) <i>Stuart S. Drange DDS, a Nevada Professional Corporation</i>		1A. SOCIAL SECURITY OR FEDERAL TAX NO. <i>88-0177179</i>	
1B. MAILING ADDRESS <i>Post Office Box 1005</i>		1C. CITY, STATE <i>Gardnerville, Nevada 89410</i>	1D. ZIP CODE <i>89410</i>
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	1G. ZIP CODE

2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2F. CITY, STATE	2G. ZIP CODE

3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY)		3A. FEDERAL TAX NO.	
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)		4A. CITY, STATE	4B. ZIP CODE

5. SECURED PARTY NAME: <i>VALLEY BANK OF NEVADA</i> MAILING ADDRESS: <i>POST OFFICE BOX 10927</i> CITY: <i>RENO,</i> STATE: <i>NEVADA</i> ZIP CODE: <i>89510</i>		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. <i>94-72/1224</i>	
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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.	
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7. 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 grown 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.

All accounts, contract rights, chattel paper, instruments, general intangibles, and rights to payment of every kind now or at any time hereafter arising out of the business of the debtor; all interest of the debtor in any goods, the sale or lease of which shall have given or shall give rise to any of the foregoing.

7A. _____ SIGNATURE OF RECORD OWNER	7C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)
7B. _____ (TYPE) RECORD OWNER OF REAL PROPERTY	

8. Check <input checked="" type="checkbox"/> if Applicable	A <input checked="" 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	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction.
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9. Check <input checked="" type="checkbox"/> if Applicable	<input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 and NRS 104.9403
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10. (Date) <i>May 6</i> 19 <i>86</i>
<i>STUART S. DRANGE DDS, A Nevada Professional Corporation</i>
By: <i>[Signature]</i> <i>President</i> (TITLE)
By: <i>[Signature]</i> <i>Commercial Loan Officer</i> (TITLE)
By: <i>[Signature]</i> (TITLE)

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

06331

REQUESTED BY
Valley Bank of Nevada
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'86 MAY 23 10:48

SUZANNE BEAUREAU
RECORDER

\$ *5.00* PAID *[Signature]* DEPUTY **135240**

BOOK **586** PAGE **2388**

11. Return Copy to
<input checked="" type="checkbox"/> VALLEY BANK OF NEVADA Post Office Box 10927 Reno, Nevada 89510 Attention: M. O'Neill/RCLC

THIS SPACE FOR USE OF FILING OFFICER