

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

FINANCIAL FORMS DEPARTMENT
DIAMOND INTERNATIONAL CORPORATION
P.O. BOX 4000 - RENO, NEVADA 89505

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

1. DEBTOR (LAST NAME FIRST) Stuart S. Drange		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 3057	
1B. MAILING ADDRESS P. O. Box 1398		1C. CITY, STATE Minden NV	1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 900 Foothill Rd.		1F. CITY, STATE Gardnerville, NV	1G. ZIP CODE 89410
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Janice L. Drange		2A. SOCIAL SECURITY OR FEDERAL TAX NO. 4363	
2B. MAILING ADDRESS P. O. Box 1398		2C. CITY, STATE Minden, NV	2D. ZIP CODE 89423
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) 900 Foothill Rd.		2F. CITY, STATE Gardnerville, NV	2G. ZIP CODE 89410
3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY) Stuart Drange, DDS, APC		3A. FEDERAL TAX NO. 88 017 7179	
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY) 1482 Main. St.		4A. CITY, STATE Gardnerville, NV	4B. ZIP CODE 89410
5. SECURED PARTY NAME: Security Bank of Nevada, Douglas County Office MAILING ADDRESS: P. O. Box 458 CITY: Minden, NV 89423 STATE: ZIP CODE:		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88 004 3825	
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME: none MAILING ADDRESS: CITY: STATE: ZIP CODE:		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	

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.

Manager Computer System includes the following:
1 Dental Management System Ser. # 607/01-01
2 Wise Terminals Ser. #00Kool1828 & Ser. #ooK1000579
2 Fujitsu Data Printers, Letter Quality Ser. #9846 & Ser. #9775
1 Modem
1 Surge Protector

7A. _____ SIGNATURE OF RECORD OWNER

7B. _____ (TYPE) RECORD OWNER OF REAL PROPERTY

7C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

8. Check <input checked="" type="checkbox"/> if Applicable	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	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction
--	--	--	---	--

9. Check if Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

10. (Date) August 29, 1986

Stuart S. Drange Janice L. Drange

By: [Signature] President
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: [Signature] AVP
L. M. [Signature] OF SECURED PARTY (ES) (TITLE)

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

06391

REQUESTED BY
Security Bank of Nev.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'86 SEP 11 A8:46

SUZANNE BEAUDREAU
RECORDER

\$ 6 PAID. [Signature] DEPUTY

140813
BOOK 986 PAGE 1343
SEE INSTRUCTIONS

11. Return Copy to

NAME: Security Bank of Nevada
ADDRESS: Douglad County Office
CITY, STATE AND ZIP: P. O. Box 458, Minden, NV 89423