

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

STATE OF NEVADA

BANK AND BANKERS DIVISION
 DIAMOND INTERNATIONAL CORPORATION
 P.O. BOX 4000 - RENO, NEVADA 89508

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

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|-----------------------|
| 1. DEBTOR (LAST NAME FIRST) BROOKS: Steven L., M.D. | | 1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-9698 | |
| 1B. MAILING ADDRESS P.O. Box 5370 | | 1C. CITY, STATE Stateline, Nevada | 1D. ZIP CODE 89449 |
| 1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1b) P. O. Box 11581 | | 1F. CITY, STATE Zephyr Cove, Nevada | 1G. ZIP CODE 89448 |
| 2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) MARLOWE: Paul L., M.D. | | 2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 7612 | |
| 2B. MAILING ADDRESS P. O. Box 5370 | | 2C. CITY, STATE Stateline, Nevada | 2D. ZIP CODE 89449 |
| 2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2b) P. O. Box 7110 | | 2F. CITY, STATE Stateline, Nevada | 2G. ZIP CODE 89449 |
| 3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY) Stateline Medical Center | | 3A. FEDERAL TAX NO. | |
| 4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY) P. O. Box 5370 - 176 Highway 50 | | 4A. CITY, STATE Stateline, Nevada | 4B. ZIP CODE 89449 |
| 5. SECURED PARTY NAME: FIRST INTERSTATE BANK OF NEVADA, N.A. MAILING ADDRESS: POST OFFICE BOX 5430 CITY: STATELINE STATE: NEVADA ZIP CODE: 89449 | | 5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. [REDACTED] | |
| 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. [REDACTED] | |

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 fixtures of Steven L. Brooks, M.D. and Paul L. Marlowe, M.D., now or at any time hereafter located or installed in the land or improvements at 176 Highway 50, Stateline, Nevada, including all medical equipment and supplies.

7A. _____ RECORD OWNER OF REAL PROPERTY

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

8. Check if Applicable

A Proceeds of collateral are also covered

B Products of collateral are also covered

C Proceeds of above described original collateral in which a security interest was perfected

D Collateral was brought into this State subject to security interest in another jurisdiction

9. (Date) Nov. 1, 1986 19__

By: Steven Brooks SIGNATURE(S) OF DEBTOR(S) Steven L. Brooks, M.D. (TITLE)

By: Paul L. Marlowe SIGNATURE(S) OF SECURED PARTY (IES) J.P. + Br Mgr. (TITLE)

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

06443

REQUESTED BY
First Interstate Bank
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

11. **Return Copy to**

NAME: FIRST INTERSTATE BANK OF NEVADA, N.A.
 ADDRESS: POST OFFICE BOX 5430
 CITY, STATE AND ZIP: STATELINE, NEVADA 89449

'86 DEC 15 12:10

SUZANNE BEAUDREAU
 RECORDER

146704

\$ 7.00 PAID Ch DEPUTY

BOOK 1286 PAGE 1767

(1) FILING OFFICER COPY - ALPHABETICAL

THIS SPACE FOR USE OF FILING OFFICER