

002084

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

1. DEBTOR (LAST NAME FIRST) <b>KIP INK</b>		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-7927	
1B. MAILING ADDRESS P. O. Box 1884		1C. CITY, STATE Minden, Nevada	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1D. ZIP CODE 89423	
		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	
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2D. ZIP CODE	
		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: <b>First Interstate Bank of Nevada, N.A.</b>		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. <b>94-41/1212</b>	
MAILING ADDRESS: <b>P. O. Box 68</b>			
CITY: <b>Minden</b> STATE: <b>Nevada</b> ZIP CODE: <b>89423</b>			

6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
MAILING ADDRESS			
CITY		ZIP CODE	

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.

- 1 - 40 MB Clone Computer with Monitor and Key Board
- 1 - Summa MM1201 Tablet
- 1 - Destiny Laseract Printer

7A. _____ SIGNATURE OF RECORD OWNER	7C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)
7B. _____ TYPE OF 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  if Applicable  DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

10. (Date) April 15, 19 88

KIP INK

By: Kip Carver SIGNATURE(S) OF DEBTOR(S) Iori M. Kingsley PARTNERS (TITLE)

FIRST INTERSTATE BANK OF NEVADA, N.A.

By: M. L. Mene AVP & Assistant Br. Manager SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

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

06702

RECORDED BY St. Interstate Bank  
 RECORDS OF NEVADA

'88 APR 22 AM 11:07

SUZANNE BEAUDREAU  
 RECORDER  
 5 - PAID UP DEPUTY  
 176622  
 BOOK 488 PAGE 2468

11. Return Copy to

NAME: First Interstate Bank of Nevada, N.A.  
 ADDRESS: P. O. Box 68  
 CITY, STATE AND ZIP: Minden, Nv. 89423

THIS SPACE FOR USE OF FILING OFFICER