

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

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

Donofrio

1. DEBTOR(S) LESSEE <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Black Chiropractic		1A. SOCIAL SECURITY OR FEDERAL TAX NO	
1B. MAILING ADDRESS P.O. Box 2259-306		1C. CITY, STATE Minden, NV	1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS		1F. CITY, STATE	1G. ZIP CODE

2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO	
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS		2F. CITY, STATE	2G. ZIP CODE

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY LESSOR NAME NFB LEASING: A DIVISION OF NEVADA FIRST BANK MAILING ADDRESS P.O. BOX 81650 CITY LAS VEGAS STATE NV ZIP CODE 89180		4A. SOCIAL SECURITY NO FEDERAL TAX NO OR BANK TRANSIT AND A B A NO	
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5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		5A. SOCIAL SECURITY NO FEDERAL TAX NO OR BANK TRANSIT AND A B A NO	
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6. 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 growing 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).
Proceeds, Additions, Replacements, and Substitutions

1 (one) Konica Film Processor

THIS IS A LEASE TRANSACTION: LEASE NO: 47555585

6A. _____
SIGNATURE OF RECORD OWNER

6B. _____
TYPE RECORD OWNER OF REAL PROPERTY

6C. \$ _____
MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

7. 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 (Debtors Signature Not Required)	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction (Debtors Signature Not Required)
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8. 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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9.

By: Walter James Black (Date) 5/3 19 88
SIGNATURE(S) OF DEBTOR(S) (TITLE) D.C.

By: Barbara Brister
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE) Asst. Adm.

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

06709

REQUESTED BY
NFB Leasing
IN OFFICIAL RECORDS OF
CLERK OF SUPERIOR COURT, NEVADA

'88 MAY 10 A9:37

SUZANNE BLAUDREAU
RECORDER

5- PAID DEPUTY **177769**
BOOK **588** PAGE **1249**

10. Return Copy to

NAME	NFB LEASING
ADDRESS	P.O. BOX 81650
CITY, STATE AND ZIP	LAS VEGAS, NV 89180

THIS SPACE FOR USE OF FILING OFFICER