

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

STATE OF NEVADA FINANCIAL FORMS DEPARTMENT

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

1. DEBTOR (LAST NAME FIRST) LESSEE:		1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
Lusich Court Reporters			
1B. MAILING ADDRESS	1C. CITY, STATE	1D. ZIP CODE	
P.O. Box 5081	Stateline, Nv	89449	
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 LESSOR:		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
NAME NFB LEASING: A DIVISION OF NEVADA FIRST BANK			
MAILING ADDRESS P.P. BOX 81650			
CITY LAS VEGAS STATE NV ZIP CODE 89180			
6. ASSIGNEE OF SECURED PARTY (IF ANY)		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
NAME			
MAILING ADDRESS			
CITY STATE 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.
Proceeds, Additions, Replacements, and Substitutions
 1(one) Konica 3290 Copier with Bin and Duplex Unit & Cabinet

THIS IS A LEASE TRANSACTION: LEASE NO: 71095867
 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 <input checked="" type="checkbox"/> if Applicable	<input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403			

10. (Date) 6-8-88
 By: Diane K. Lusich
 SIGNATURE(S) OF DEBTOR(S) (TITLE)
 By: BARBARA BRISTER ASST. ADM.
 SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

12. This Space for Use of Filing Officer
 (Date, Time, File Number and Filing Officer) **06733**

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

RECORDED BY
NFB Leasing
 NEVADA RECORDS OF
 THE STATE OF NEVADA
 '88 JUN 29 AM 1:19
 WYANNE BEAUBREAU
 RECORDER **181147**
 \$ 5.00 PAID JK DEPUTY
 CLERK **688** PAGE **4403**

THIS SPACE FOR USE OF FILING OFFICER