

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

WOLCOTTS FORM UCC-1NV price class 13E

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

1. DEBTOR (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) C & L Enterprises, Inc.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 88-0275380
1B. MAILING ADDRESS P.O. Box 609	1C. CITY, STATE Gardnerville, NV	1D. ZIP CODE 89410
1E. RESIDENCE ADDRESS	1F. CITY, STATE	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Gudmundson, M.D., Craig		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-2419
2B. MAILING ADDRESS P.O. Box 609	2C. CITY, STATE Gardnerville, NV	2D. ZIP CODE 89410
2E. RESIDENCE ADDRESS	2F. CITY, STATE	2G. ZIP CODE

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME Nevada Banking Company MAILING ADDRESS 1374 Highway 395, North CITY Gardnerville STATE NV ZIP CODE 89410		4A. SOCIAL SECURITY NO., FEDERAL TAX NO OR BANK TRANSIT AND A B A. NO. 88-0170659
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.

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).
 All Equipment, together with the following specifically described property:
 to include but not limited to Exhibit "A" attached hereto; whether owned now or acquired later; all accessions, additions, replacements, and substitutions; all records of any kind relating to any of the foregoing; all proceeds (including insurance, general intangibles and accounts proceeds).

6A. Craig Gudmundson
 SIGNATURE OF RECORD OWNER

6B. Craig Gudmundson, M.D.
 (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 checked="" type="checkbox"/> Proceeds of collateral are also covered	B <input checked="" 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 if Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

9. (Date) January 9, 1992

By: Craig Gudmundson
 SIGNATURE(S) OF DEBTOR(S) C & L Enterprises, Inc.
 Craig Gudmundson, M.D. President
 TYPE NAME(S)

By: Melba Haralson
 SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)
 Melba Haralson, Loan Services Representative
 TYPE NAME(S)

11. This Space for Use of Filing Officer
 (Date, Time, File Number and Filing Officer)
07385

10. **Return Copy to**

NAME Nevada Banking Company
 ADDRESS 1374 Highway 395, North
 CITY, STATE Gardnerville, NV 89410
 AND ZIP

THIS SPACE FOR USE OF FILING OFFICER

C & L ENTERPRISES, INC.

EXHIBIT "A"

AMS CLINIC MANAGEMENT SYSTEM

Online Patient Registration
Accounts Receivable Entry and Management
Accounts Receivable Aging Report Generator
Superbills and Third Party Insurance Forms Programs
Commercial and Government Insurance Claims
Electronic Claims for Nevada Medicare/Medicaid
Paper claims for California
Statement Printing
 Individual Patient Statements
 Family Statements
Outpatient Revenue Analysis Module
20 hours of training
UNIBOL/RPGII Software (required for all RS/6000
 units)
Progress and Treatment Notes Module
 UNIBOL/RPGII software for RS/6000

REQUESTED BY
Nevada Banking Co.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'92 JAN 13 AM 11:39

SUZANNE BEAUDREAU
RECORDER

\$12⁰⁰ PAID *Bh* DEPUTY

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