

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

STATE OF NEVADA

Registré, Inc.  
520 TAYLOR STREET NE  
PO BOX 21881  
LAS VEGAS, NEVADA 89121

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

1. DEBTOR (LAST NAME FIRST) Lund, David K.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 8381	
1B. MAILING ADDRESS 1637 Esmeralda		1C. CITY, STATE Minden, NV	1D. ZIP CODE 89423
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 NAME HPSC, Inc. MAILING ADDRESS 25 Stuart Street CITY Boston, STATE MA ZIP CODE 02116		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
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.	

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.)

This filing is notice of an equipment lease dated 6/8/92 for the personal property described herein and hereafter acquired.

No sale is Authorized 1-Belmont 071A x-ray SN L01058WC

7A. _____ SIGNATURE OF RECORD OWNER	7C. S _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)
7B. _____ (TYPE) RECORD OWNER OF REAL PROPERTY	

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
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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) 6/8 1992

David K. Lund, DDS

By: [Signature] (TITLE)  
HPSC, Inc.

By: [Signature] (TITLE)

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

**07445**

REQUESTED BY  
HPSC Inc  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

'92 JUN 25 A9:43

SUZANNE BLAUDREAU  
RECORDER **281792**

\$10<sup>00</sup> PAID Kz DEPUTY  
BOOK **692** PAGE **4460**

11. Return Copy to

NAME HPSC, Inc.  
ADDRESS 25 Stuart Street  
CITY, STATE AND ZIP Boston, MA 02116

THIS SPACE FOR USE OF FILING OFFICER