

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

1. DEBTOR (LAST NAME FIRST) <b>MINER, DONALD H.</b>		1A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>9999-9999</b>	
1B. MAILING ADDRESS <b>P.O. BOX 4999</b>		1C. CITY, STATE <b>STATELINE, NV</b>	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	
		1D. ZIP CODE <b>89449</b>	
		1B. 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)		2F. CITY, STATE	
		2D. ZIP CODE	
		2E. ZIP CODE	

3. DEBTOR(S) TRADE NAMES OR STYLES (IF ANY) <b>MINER CHIROPRACTIC</b>		3A. FEDERAL TAX NO. <b>94-2848040</b>	
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)		2A. CITY, STATE	
		2B. ZIP CODE	

5. SECURED PARTY NAME <b>NEVADA BANKING COMPANY</b>		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.S.A. NO. <b>88-017689</b>	
MAILING ADDRESS <b>229 KINGSBURY GRADE P.O. BOX 5700</b>			
CITY <b>STATELINE</b> STATE <b>NV</b> ZIP CODE <b>89449</b>			

6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.S.A. NO.	
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.  
**All Equipment; together with the following specifically described property: See 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).**

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

8. 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	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction
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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
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10. (Date) April 22 19 93

By: [Signature]  
SIGNATURE(S) OF DEBTOR(S) (TITLE)  
**NEVADA BANKING COMPANY**

By: [Signature]  
SIGNATURE(S) OF SECURED PARTY(S) (TITLE)  
**WAYNE SNYDER EXECUTIVE VICE PRESIDENT**

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

**07560**

11.  Return Copy to

NAME **NEVADA BANKING COMPANY**  
ADDRESS **229 KINGSBURY GRADE P.O. BOX 5700**  
CITY, STATE AND ZIP **STATELINE, NV 89449**

**305558**

" " " " " MINER CHIROPRACTIC " " " " "  
 Equipment Inventory  
 As of April 22, 1993

Asset Description	Quantity
<b>Furniture:</b>	
Desk 36x72 wood	1
Desk 30x60 wood	2
Desk 30x48 wood	1
Bookcase 72x48x12	1
Bookcase 36x48x12	1
Chair Reception wood	8
Chair wood/cloth	8
Stool w/ casters	6
Equipment tables	6
Storage Cabinet 72x48x24	2
Lateral File storage 48x48x18	2
File Storage 48x18x36	5
Executive Chair	2
Office Side Chairs	4
<b>Medical Equipment</b>	
Examination table	1
Specialized therapy Tables	8
Traction Tables	2
Ultra-sound devises	6
Electronic Muscle Stimulators	6
Hydrocollators	3
Otosopes	2
Otolaryngology exm equip	2
Diagnostic equip. misc.	
Weight Scales	4
<b>X-ray Equipment</b>	
Picker 300x125 Systems	2
Exam table w/ buckey	2
Wall Buckey	2
Automatic x-rays processor	2
X-ray cassettes:	
8x10	12
10x12	8
14x17	8
X-ray file cabinets	2
X-ray View Boxes	6
Photoimprinters	2
<b>Rehabilitation Equipment</b>	
Stationary Bicycle	1
StairStepper	1
Orthopod	6
MultiStation Weight System	1
Inversion System	1

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Asset Description	Quantity
<b>Rehabilitation Equipment (continued)</b>	
Backswing	4
Free Weight Sets	2
Arm/Grip/Exercisor	2
Golf Swing Trainer	1
Hand Weight Set	2
<b>Office Equipment</b>	
Typewriters Wheelwriter	2
Typewriter System 3	1
Desk Calculators	4
Copier Machines	2
Fax Machine	1
Telephone Systems	2
Computers 486 SX 4 meg w/ printers	2
Computer 286 w/ printer	1
Radio/stereo units	8
Utility Carts	2
Computer-Copier Stand/Desks	4
Dictation System	2
Portable Dictaphones	2
Tape Recorders	2
<b>Miscellaneous</b>	
Washer/Dryers	2
Micro wave ovens	2
Refrigerators	2
Coffee Makers	2
Tree Plants	6
Utility Shelving Units	4
Electronic Timers	4
Surge Protection Units	4
Full Length Mirrors	8


  
EDWARD H. MINER

4/22/93  
DATE

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

93 APR 26 P2:13

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SUZANNE BEAUDREAU  
RECORDER  
8/800 PAUL  DEPUTY