

IMPORTANT—Read instructions on back before filling out form

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

1. FILE NO. OF ORIG. FINANCING STATEMENT 07385/268786	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT January 13, 1992	1B. DATE OF ORIG. FINANCING STATEMENT January 9, 1992	1C. PLACE OF FILING ORIG. FINANCING STATEMENT Douglas County
2. DEBTOR (AS APPEARS ON ORIGINAL FINANCING STATEMENT) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) C & L Enterprises, Inc.			2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 5380
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) P.O. Box 609		2C. CITY, STATE Gardnerville, NV	2D. ZIP CODE 89410
3. 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			3A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] -2419
3B. MAILING ADDRESS P.O. Box 609		3C. CITY, STATE Gardnerville, NV	3D. ZIP CODE 89410
4. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)			4A. SOCIAL SECURITY OR FEDERAL TAX NO.
4B. MAILING ADDRESS		4C. CITY, STATE	4D. ZIP CODE
5. SECURED PARTY NAME Nevada Banking Company MAILING ADDRESS 1374 Highway 395, North CITY Gardnerville STATE NV ZIP CODE 89410			5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO. [REDACTED] 0659
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE			6A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO.
7. A <input type="checkbox"/> CONTINUATION—The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, fixtures, or oil, gas or minerals check here <input type="checkbox"/> and insert description of real property on which growing or to be grown or to which affixed or to be affixed or from which to be extracted in Item 8 below. If crops or fixtures, also insert name of record owner of real estate. Effective only if submitted within 6 months prior to expiration date.			
B <input type="checkbox"/> RELEASE—From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in Item 8 below. Release does not terminate debt.			
C <input type="checkbox"/> ASSIGNMENT—The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all or part of the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 8 below.			
D <input checked="" type="checkbox"/> TERMINATION—The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.			
E <input type="checkbox"/> AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 8 below. (Signature of Debtor(s) and Secured Party(ies) required on all amendments)			
8. 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).			

9. By: *Craig Gudmundson* (Date) 5.3 1993  
SIGNATURE(S) OF DEBTOR(S) President  
Craig Gudmundson, M.D. C & L Enterprises, Inc.  
TYPE NAME(S) (TITLE)

By: *Susan C. Potter* Asst. Branch Manager  
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)  
Susan C. Potter  
TYPE NAME(S)

10. This Space for Use of Filing Officer (Date, Time, Filing Office)

11. Return Copy to

NAME  Craig Gudmundson, M.D.  
 ADDRESS 915 N. Mountain  
 CITY, STATE Carson City, NV 89703  
 AND ZIP

THIS SPACE FOR USE OF FILING OFFICER

307957  
BK 0593PG 4681

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  
*C+L Enterprises*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

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SUZANNE BLAUDREAU  
RECORDER  
\$12 PAID *Kg* DEPUTY