## **STATE OF NEVADA**

REORDER FROM
Registre, Imc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN, 55303
(612) 421-1713

## UNIFORM COMMERCIAL CODE - FINANCING STATEMENT - FORM UCC-1

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

TANT: Read instructions on back before filling out form.		Receipt No	
MESTOR (ONE NAME ONLY)  LEGAL BUSINESS NAME  NOTIFICATION (LAST NAME FIRST)		1A. SOUTH OF CEDERAL TAX NO.	
MAILING ADDRESS 2900 395 SOUTH NEATHY	1C. CITY, STATE	NV NV	10. ZIP COOF 89423
RESIDENCE ADDRESS	1F. CITY, STATE	/ /	18. ZIP COO
DOITIONAL DEBTOR (IF ANY) (ONE NAME ONLY)  DI LEGAL BUSINESS NAME  LIPPINCOTT, PAULAL.		ZA. SOCIAL SECURITY OF	EEDERAL TAX NO
MAILING ADDRESS 2900 395 SOUTH NEATHR	2C. CITY, STATE	107	20. ZIP CODE 89423
RESIDENCE ADDRESS	2F. CITY, STATE		26. ZIP COO
ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
CURED PARTY CHINAPSONS SEAL BOTATE & 181		4A. SOCIAL SECURITY NO	FEDERAL TAX N
NAME P.O. BOX 387	89429	OR BANK TRANSIT AND	D A.B A. NO
MAILING ADDRESSOVER BEXTINGS CITY STATE	ZIP CODE	\	7
SSIGNEE OF SECURED PARTY (IF ANY)	corp.	SA. SOCIAL SECURITY NO	FEDERAL TAX M
NAME 9310 TECH CENTER DRIVE, SUITE 20	S. S. S. S.	OR BANK TRANSIT AND	
MAILING ADDRESSACRAMENTO CA	95826	/	
CITY STATE	ZIP CODE	/	
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