

1. DEBTOR (LAST NAME FIRST) UNITED ELECTRICAL SERVICES, INC.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 88-0213027	
1B. MAILING ADDRESS 2241 PARK PLACE, SUITE A		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 NAMES OR STYLES (IF ANY)		3A. FEDERAL TAX NO.	
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY) 2241 PARK PLACE, SUITE A		2A. CITY, STATE MINDEN, NV	2B. ZIP CODE 89423
5. SECURED PARTY NAME NEVADA BANKING COMPANY MAILING ADDRESS 1374 U.S. HIGHWAY 395 NORTH CITY GARDNERVILLE STATE NV ZIP CODE 89410		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0170659	
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. COMPUTER HARDWARE ACCESSORIES INCLUDING 2 HARD DIGITIZER BOARDS AND 2 POWER PADS; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (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
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		

10. _____ (Date) _____ 19____
Dennis Long, President Robert Faiss, Secretary
 By: *[Signature]* _____ (TITLE)
 NEVADA BANKING COMPANY
 By: *[Signature]* **Vice President**
 SIGNATURE(S) OF SECURED PARTY(IES) **Brent Holderman** (TITLE)

12. This Space for Use of Filing Officer
 (Date, Time, File Number and Filing Officer)
08327
 REQUESTED BY *Nevada Banking Co*
 IN OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA
 '97 OCT -7 110:55
 LINDA SLATER FILING FEES
 RECORDER SEE INSTRUCTIONS
 PAID *10* DEPUTY

11. Return Copy to
 NAME **NEVADA BANKING COMPANY**
 ADDRESS **1374 U.S. HIGHWAY 395 NORTH**
 CITY, STATE **GARDNERVILLE, NV 89410**
 AND ZIP

0423412