

FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)	B. FILING OFFICE ACCT.# (optional)
C. RETURN COPY TO: (Name and Mailing Address)	
<p>Business Bank of Nevada</p> <p>3476 Executive Pointe Way #10</p> <p>Carson City, NV 89706</p>	
D. OPTIONAL DESIGNATION (if applicable): <input type="checkbox"/> LESSOR/LESSEE <input type="checkbox"/> CONSIGNOR/CONSIGNEE <input type="checkbox"/> NON-UCC FILING	

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME Job's Peak Veterinary Hospital, Inc.			
OR	1b. INDIVIDUAL'S LAST NAME		
	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 1454 Southgate Drive		CITY Gardnerville	STATE NV
		COUNTRY	POSTAL CODE 89410
1d. S.S. OR TAX I.D.# 88-0302983	OPTIONAL ADD'NL INFO RE ENTITY DEBTOR	1e. TYPE OF ENTITY	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION
			1g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME			
OR	2b. INDIVIDUAL'S LAST NAME		
	FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE
		COUNTRY	POSTAL CODE
2d. S.S. OR TAX I.D.#	OPTIONAL ADD'NL INFO RE ENTITY DEBTOR	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION
			2g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE

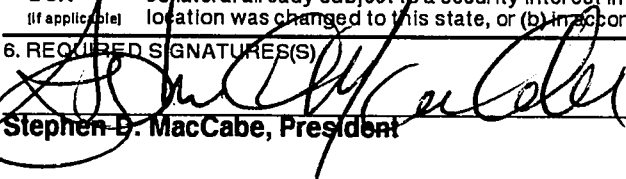
3. SECURED PARTY'S (ORIGINAL S/P or ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME Business Bank of Nevada			
OR	3b. INDIVIDUAL'S LAST NAME		
	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 3476 Executive Pointe Way #10		CITY Carson City	STATE NV
		COUNTRY	POSTAL CODE 89706

4. This FINANCING STATEMENT covers the following types or items of property:

All Inventory, Accounts, Equipment and General Intangibles; together with the following specifically described property: See attached Exhibit "A"; 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 other accounts proceeds).

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5. CHECK <input type="checkbox"/> This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest (a) in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the debtor's location was changed to this state, or (b) in accordance with other statutory provisions [additional data may be required]	7. If filed in Florida (check one) <input type="checkbox"/> Documentary stamp tax paid <input checked="" type="checkbox"/> Documentary stamp tax not applicable
6. REQUIRED SIGNATURE(S)  Stephen D. MacCabe, President	8. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Attach Addendum [If applicable]
0503631 BK 1100PG3860	9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) [ADDITIONAL FEE] (optional) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2

Job's Peak Veterinary Hospital, INC.

Note 1809857

Note 1809865

EXHIBIT A

1	G-VOS-5MMRL	5MM VIDEO OTOSCOPE SYSTEM (TAKEN)
1	D-8MM LENS	8MM LENS ADAPTOR FOR CCD CAMERA (SHIP)
1	B-4710-175	175cm X 1.8 BIOPSY FORCEP
1	D-050200	SIDE-ARM FITTING
1	D-33638	AQ AIR PUMP
1	B-4712-175	175 CM X 1.8MM GRASPER
1	D-PS201V-1.6M	1.6M FLEXIBLE VETERINARY SCOPE
1	D-DMA-003	MICROSCOPE ADAPTOR (SHIP)
	CC/M	ALL INSTRUCTIONS
		MASTERCARD PAYMENT RECEIVED
		OUT-OF-STATE SALE, EXEMPT FROM SALES TAX

x *Stephen MacCabe* 11-17-00
 Stephen MacCabe Date

REQUESTED BY
Business Bank
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

2000 NOV 20 PM 2: 27

LINDA SLATER
RECORDER

21⁰⁰ PAID KD DEPUTY

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BK 1100PG3861