

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141 B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 14700 COLONIAL BANK **CT Lien Solutions** 19293623 P.O. Box 29071 **NVNV** Glendale, CA 91209-9071

07/08/2009 11:23 AM OFFICIAL RECORD Requested By: UCC DIRECT

> Douglas County - NV Karen Ellison - Recorder

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	File with: CC NV Douglas, NV				THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1. D	EBTOR'S EXACT FULL	LEGAL NAME -	insert only one_debtor name (1a	or 1b) - do not abbre	eviate or combine names			1	
OR	1a. ORGANIZATION'S NA 2543 Precision Di								
	16. INDIVIDUAL'S LAST N	IAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
	MAILING ADDRESS 3 Precision Drive	,		CITY Minden		STATE NV	POSTAL CODE 89423	COUNTRY USA	
1d. S	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION O	FORGANIZATION NV .	1g. ORG	ANIZATIONAL ID#, if any	XNONE	
2. A	2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (2a or 2b) - do not abbreviate or combine names								
OR	2a. ORGANIZATION'S NAME								
	26. INDIVIDUAL'S LAST N	AME		FIRST NAME		MIDDLE	NAME	SUFFIX	
2c. N	MAILING ADDRESS	-/		CITY		STATE	POSTAL CODE	COUNTRY	
	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION O	/ ~		ANIZATIONAL ID #, if any	NONE	
3. S			TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only o	ne_secured party name (3a or 3b)			
OR	38. ORGANIZATION'S NA COLONIAL BANK)					
	35. INDIVIDUAL'S LAST N	IAME		FIRST NAME	/	MIDDLE		SUFFIX	
	AILING ADDRESS 70 So. Ft. Apache			CITY Las Vegas	/	STATE NV	POSTAL CODE 89147	COUNTRY USA	

4. This FINANCING STATEMENT covers the following collateral:

All Equipment, furniture and fixtures; 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 related to any of the foregoing (including insurance, general intangibles and account proceeds).

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5. ALTERNATIVE DESIGNATION (if applicable	' L.J	ONSIGNOR BAILEE/BAILOR SELLER/BUYER	AG. LIEN NON-UCC FILING
 This FINANCING STATEMENT is to b ESTATE RECORDS. Attach Adden 	• • • • • •	. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [cotional]	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DAT	iA		
19293623	45-0559804	49/8036976762	