– . – . – . – . – . – . – . – . –	

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)	16038 BANK OF THE WE						
CT Lien Solutions	33761696						
P.O. Box 29071							
Glendale, CA 91209-9071	NVNV FIXTURE						
File with: CC NV L	incoln, NV						

DOC # 0141624

Official
Recording requested By
CT LIEN SOLUTIONS Record

Lincoln County - NV - Recorder Leslie Boucher

0514

Fee: \$90,00 RPTT:

Page 1 of 3 Recorded By: LB

Book- 272 Page-



		File with:	CC NV Lincoln, NV		THE ABOVE SP	ACE IS FOR FI	LING OFFICE USE ONLY		
1. D	EBTOR'S EXACT FUL	L LEGAL NAME	insert only one debtor name (1a or 1b) - do not	abbreviate or combine nar	mes		1	
OR	1a. ORGANIZATION'S NAME Reed, Inc. 1b. INDIVIDUAL'S LAST NAME								
UK				FIRST NAME	FIRST NAME		NAME	SUFFIX	
	AVENUE K			CITY Ely		STATE NV	POSTAL CODE 89301	COUNTRY	
1d. <u>S</u>	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1a, TYPE OF ORGANIZATION CORPORATION	1f. JURISDICTIO	ON OF ORGANIZATION NV	4 -	ANIZATIONAL ID #, if an	yNONE	
2. A	DDITIONAL DEBTOR	'S EXACT FULL L	EGAL NAME - insert only one	debtor name (2a d	or 2b) - do not abbreviate	or combine n	ames		
OR	2a. ORGANIZATION'S N	AME			/ /				
2b. INDIVIDUAL'S LAST NAME				FIRST NAME		MIDDLE	MIDDLE NAME		
2c. N	IAILING ADDRESS	/	/	CITY		STATE	POSTAL CODE	COUNTRY	
2d. <u>S</u>	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	26. TYPE OF ORGANIZATION	2f. JURISDICTIO	ON OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if an	y NONE	
3. S	ECURED PARTY'S N	AME (or NAME of	TOTAL ASSIGNEE of ASSIGN	OR S /P) - insert o	only <u>one</u> secured party na	me (3a or 3b)		
OR	3a. ORGANIZATION'S N Bank of the Wes								
3b. INDIVIDUAL'S LAST NAME			FIRST NAME	FIRST NAME		MIDDLE NAME			
252	AlLING ADDRESS 27 Camino Ramoi			CITY San Ramon	/	STATE CA	POSTAL CODE 94583	COUNTRY USA	
14. III	is FINANCING STATEME	IN I COVERS THE TOHOW	ing collateral:						

	All equipment, general intangibles, including software and related licenses and rights
raining and all modifications and attachments thereto and replacer	ments therefore now and hereafter covered by the Equipment Financing Agreement
lated as of null between Patriot Capital Corporation as Creditor and	d Reed, Inc. as Debtor and all additional commitments related thereto.

· '' · '	ESSEE/LESSOR CONSIGNEE/C	ONSIGNOR BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. X This FINANCING STATEMENT is to be filed [fo	r record] (or recorded) in the REAL [if applicable]	 Check to REQUEST SEARCH REPO (ADDITIONAL FEE) 	DRT(S) on Debtor(s)	All Debtors De	obtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	· -				
33761696	Sharlena Jones	200-	7004898-002		

FINANCING STATEN FOLLOW INSTRUCTIONS (front and	MENT ADDENDUM		ļ			1	
	1b) ON RELATED FINANCING STATES	MEN	r				
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME, SUFFIX			\ \	
10. MISCELLANEOUS	<u></u>	1				\ \	
33761696-NV-17						$\bigcup \setminus$	
16038 BANK OF THE WE File with: CC NV Lincoln, NV 2	00-7004898-002 Shari	lena	a Jones	THE ABOVE SPA	LCE IS EC	OR FILING OFFICE USE O	MIY
11 ADDITIONAL DERTOR'S EXACT	FFULL LEGAL NAME - insert only one r	name	(11a or 11b) - do not				$\overline{}$
11a. ORGANIZATION'S NAME	TOLE LEGAL NAME - MISSITOMY ONS	/	S CATE OF THOSE GO HOL	abbreviate of Combin	e names		_
OR		(
11b. INDIVIDUAL'S LAST NAME		FIF	RST NAME)	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	-	Cr	n	\mathcal{I}	STATE	POSTAL CODE	COUNTRY
11d. <u>SEE INSTRUCTION</u> ADD'L IN ORGANI. DEBTOR	ZATION	11	E JURISDICTION OF ORG	SANIZATION	11g. OF	RGANIZATIONAL ID #, if a	ny NONE
12. ADDITIONAL SECURED PA	ARTY'S OF ASSIGNOR S/P's N	AME	- insert only one nam	e (12a or 12b)			
12a. ORGANIZATION'S NAME	7 / / `	Mary Mary					
OR 12b. INDIVIDUAL'S LAST NAME	//	Fil	RST NAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS		CI	~ / /		STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers collateral or is filed as a X fixture 14. Description of real estate: Description: Diagrapaces EXA	filing.	16	5. Additional collateral des	cription :		1	ı
Description: Please see EXI	A IIdir A						
(_						
15. Name and address of a RECORD OWI (if Debtor does not have a record inte	and the second s						
		De		Trustee acting with resp	ect to prop	perty held in trust or	Decedent's Estate
		18	. Check <u>only</u> if applicable	and check <u>only</u> one box.			
			Debtor is a TRANSMIT		_		
		1	4	a Manufactured-Home 1		П	
			Filed in connection with	a Public-Finance Transa	action		

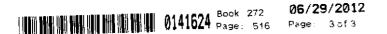


EXHIBIT A

Location: 6799 US 93, HIKO, NV 89017

R Place 3

Legal Description

Lots 5, 6 and 7 of Ash Springs Subdivision as recorded in the Lincoln County, Nevada Recorders Office.

