STATE OF IDAHO - COUNTY MEDICAL - FORM N1

Mail to: Secretary of State

UCC Division Telephone: 208-334-3191

450 N 4th Street PO Box 83720

Fax: 208-334-2847

Boise ID 83720-0080

Instructions:

- Please type and sign this form in black.
 File only the original. Make copies for your file. The original will be returned as your acknowledgment.
- Enter only one debtor's name or assumed name per debtor block exactly as it is to be indexed. If more than four names, use an attached sheet.

Signature of Secured Party / Assignee of Record

is block for Filing Office use only.

Organization or Indiv. Last Name First Name Middle Name S	First Name Middle Name Suffix	name or business name of each deb	tor against whom the lien is clai	med, and the addres	s of each.
City State Zip Organization or Indiv. Last Name Middle Name S Secured Party Name and Address Organization or Indiv. Last Name Middle Name S Organization or Indiv. Last Name Middle Name S Organization or Indiv. Last Name Middle Name S Assignee Name and Address Organization or Indiv. Last Name Middle Name S Organization or Indiv. Last Name Middle Name Middle Name S Organization or Indiv. Last Name Middle Name S Organization or Indiv. Last Name Middle Name Middle Name S Organization or Indiv. Last Name Middle Name Middle Name S Organization or Indiv. Last Name S Organization or Indiv. Last	Criganization or Indiv. Last Name City State City State Zip Crganization or Indiv. Last Name Middle Name Suffix Criganization or Indiv. Last Name City State Zip Crganization or Indiv. Last Name Middle Name Suffix City State Zip Crganization or Indiv. Last Name Middle Name Suffix City State Zip Secured Party Name and Address ganization or Indiv. Last Name Middle Name City State Zip Assignee Name and Address Gity State Zip Acknowledgment Name and Address, if not Secured Party Acknowledgment Name and Address, if not Secured Party Gress City State Zip Acknowledgment Name and Address, if not Secured Party Acknowledgment Name and Address, if not Secured Party Gress City State Zip Acknowledgment Name and Address, if not Secured Party Gress State Zip Acknowledgment Name and Address, if not Secured Party Gress City State Zip State Zip State Zip State Zip State Zip State Zip State Zip	Organization or Indiv. Last Name	First Name	Middle Name	Suffix
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This financing statement covers the following types or items of property:	in manding diatorion dovoto the following types of items of property.	his financing statement covers the following types or	items of property:	I	
Signature of Secured Party:	Signature of Secured Party:	Signature of Secured Party:			

Date