0.53 IMPORTANT-Read instructions on back before filling out form STATE OF NEVADA

# ÓO2	2019						
		STATEMENT is prese	ented for filing	pursuant to the N	evada Uniforr	n Commercial Co	de
DEBTOR ((LAST NAME FIRST)				; ;	1 A. SOCIAL SECURITY	OR FEDERAL TAX NO.
ROBIA B. MAILING A	SON, NORMAN		· · · · · · · · · · · · · · · · · · ·	1C. CITY, STAT	E		7729 1D. ZIP COD
		•				T T T T N N T T	89410
RESIDENC	OX 818 E ADDRESS (IF AN INDIVIDU	AL AND DIFFERENT THAN	1 =)	1F. CITY, STAT	GARDNERVI	TIE. NV	1G. ZIP COD
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	AL DEBTOR (IF ANY) (LAST N	IAME FIRST)				2A. SOCIAL SECURITY	
	SON, JEANETTE				-		
. MAILING A				2C. CITY, STAT	E	/ /	2D. ZIP COD
SAME				0=			
	E ADDRESS (IF AN INDIVIDUA	AL AND DIFFERENT THAN 2	20)	2F. CITY, STAT	E		2G, ZIP COD
SAME	6) TRADE NAME OR STYLE (16	E ANY)				3A. FEDERAL TAX	NO.
DEBIONS	TRADE NAME OR STILL (F	ONT				SA. I ESERVE TAX	
ADDRESS (OF DEBTOR(S) CHIEF PLACE	OF BUSINESS (IF ANY)	· · · · · · · · · · · · · · · · · · ·	4A. CITY, STAT	E		4B. ZIP COD
					1	`	
SECURED	PARTY					5A. SOCIAL SECURITY	NO., FEDERAL TAX
NAME	AVCO FINANCIAL S	SERVICES			1 1	issi ya bala inaa	
	ADDRESS P.O. BOX	2770					
	CARSON CITY	STATE	MA	ZIP C	ode 89701		WO . 555 551
ASSIGNEE	OF SECURED PARTY (IF ANY	,	1		/ /	6A. SOCIAL SECURITY NO. OR BANK TRAN	NO., FEDERAL TAX ISIT AND A.B.A. NO.
NAME			,	\ \ /			
MAILING	ADDRESS	STATE		ZIP C	OD E		
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