

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

This FINANCING STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code:

1. DEBTOR (LAST NAME FIRST) Quintal Michael R. 1A. SOCIAL SECURITY OR FEDERAL TAX NO. 5484
1B. MAILING ADDRESS PO BOX 4996 1C. CITY, STATE Stateline, NV 1D. ZIP CODE 89449
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 907 N. Bowl Lane, Statline 1F. CITY, STATE NV 1G. ZIP CODE 89449
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) 2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS 2C. CITY, STATE 2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) 2F. CITY, STATE 2G. ZIP CODE
3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY) 3A. FEDERAL TAX NO.
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY) 4A. CITY, STATE 4B. ZIP CODE
5. SECURED PARTY NAME AVCO THRIFT MAILING ADDRESS PO BOX 10010 CITY So Lake Tahoe STATE CA ZIP CODE 95731 5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
6. ASSIGNEE OF SECURED PARTY (IF ANY) 6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.

7. This FINANCING STATEMENT covers the following types or items of property (if crops or timber, include description of real property on which growing or to be grown and name of record owner of such real estate, if fixtures, include description of real property to which affixed or to be affixed and name of record owner of such real estate; if oil, gas or minerals, include description of real property from which to be extracted.

[X] If checked at left, all household goods, furniture, appliances, and consumer goods of every kind and description owned at the time of the loan secured hereby, or at the time of any refinance or renewal thereof, or cash advanced under the loan agreement secured hereby, and located about the premises at the Debtor's residence (unless otherwise stated) or at any other location to which the goods may be moved.

[ ] Other (Describe):

7A. RECORD OWNER OF REAL PROPERTY 7B. \$ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

8. Check [X] if Applicable A [X] Proceeds of collateral are also covered B [X] Products of collateral are also covered C [ ] Proceeds of above described original collateral in which a security interest was perfected D [ ] Collateral was brought into this State subject to security interest in another jurisdiction

9. (Date) 2-27 1981

10. This Space for Use of Filing Officer (Date, Time, File Number and Filing Officer)

By: Mike Quintal (SIGNATURE(S) OF DEBTOR(S)) (TITLE) Mike Quintal
By: Sue Bean (SIGNATURE(S) OF SECURED PARTY (IES)) (TITLE)

04670
REQUESTED BY
AVCO Financial
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA
\$ 4.00 pd.
1981 MAR 11 AM 10:56
MARIE A. RABEL
RECORDER
Dep. Carol E. Hart

11. Return Copy to
NAME AVCO FINANCIAL SERVICES
ADDRESS PO BOX 10010
CITY, STATE SoLake Tahoe, CA , NV. 95731
AND ZIP

THIS SPACE FOR USE OF FILING OFFICER

54244 LIBER 381 PAGE 838