O O O ST. OF OIEVALO O O ONIFORM COMMERCIAL CODE—FINANCING STATEMENT—FO IMPORTANT—Read instructions on back before filling ou	It form	And and the house of the second	
This FINANCING STATEMENT is presented for filing pu	rsuant to the Nevada L		
EBTOR (LAST NAME FIRST)	W.	1A. SOCIAL SECURIT	Y OR FEDERAL TAX NO
MAILING ADDRESS	1C. CITY, STATE		1D. ZIP CODE
RT 3 BØX 141		NERVILLE, NV 89410	ł
ESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 18)	1F. CITY, STATE		1G. ZIP CODE
AME DITIONAL DESTOR (IF ANY) (LAST NAME FIRST)		31	
ONES, DELORIS		2A. SOCIAL SECURIT	TOR PEDERAL TAX NO
MAILING ADDRESS	2C. CITY, STATE		2D. ZIP CODE
AME			
ESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 28)	2F. CITY, STATE		2G. ZIP CODE
BTOR (B) TRADE NAME OR STYLE (IF ANY)		3A. FEDERAL TAX	NO.
DORESS OF DESTOR (S) CHIEF PLACE OF BUSINESS (IF ANY)	4A. CITY, STATE		4B. ZIP CODE
GURED PARTY		5A. SOCIAL SECURIT	Y NO. SECENAL TAX
NAME DIAL FINANCE CØ ØF NEVADA	/ \		MANSIT AND A.B.A. NO.
MAILING ADDRESS PØ BØX 2549			
CITY CARSON CITY STATE NV	ZIP CODE 89	9702	
BIGNEE OF SECURED PARTY (IF ANY)		6A. SOCIAL SECURIT	Y NO., FEDERAL TAX PANSIT AND A.B.A. NO.
NAME MAILING ADDRESS	$\setminus \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		
CITY STATE	ZIP CODE		
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