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

This FINANCI/NG STATEMENT is presented	d for filing pursuant to t	he Nevada Uniform	Commercial Co	de
DEBTOR (LAST NAME FIRST)			1A. SOCIAL SECURITY	_
BARNES, DANIEL A MAILING ADDRESS	1C. city,	STATE	<u>-3</u>	962
	Į.	Minden NV		89423
RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1+)	IF. CITY.			1G. ZIP CODI
ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)			2A. SOCIAL SECURITY	OR FEDERAL TAX NO.
MAILING ADDRESS	2C. CITY.	STATE	1	2D. ZIP CODI
RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2.)	2F. CITY.	STATE	\	2G. ZIP CODI
DEBTOR(S) TRADE NAME OR STYLE (IF ANY)			34. FEDERAL TAX	NO.
ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)	4A. CITY.	STATE		48. ZIP COD
SECURED PARTY			SA, SOCIAL SECURITY	NO FEDERAL TAX
AVCO FINANCIAL SERVICE	3S /	/ /	NO OF BANK TRAI	NSIT AND A.B.A. HO
MAILING ADDRESS P O BOX 2262		\ . \	Į	
CITY Reno STATE	VV	ZIP CODE 89505		
ASSIGNEE OF SECURED PARTY (IF ANY)		/ /	GA. SOCIAL SECURITY	NO , FEDERAL TAX
NAME				
MAILING ADDRESS				
CITY STATE		ZIP CODE		
which to be extracted. If checked at left, all household goods, furniture, applied time of the loan secured hereby, or at the time of any secured hereby, and located about the premises at the which the goods may be moved.	eal estate; if oil, gas or oliances, and consumer refinance or renewal the	minerals, include de goods of every kind ereof, or cash advar	escription of real and description aced under the lo	owned at the
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