IMPORTANT-Read instructions on back before filling	out form	1
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STATE OF NEVADA

1. DEBTOR (LAST NAME FIRST) NEWMAN, PHILLIP L				-5369	
3. MAILING ADDRESS	IC. CITY, STATE			1D. ZIP CODE	
0 Box 10512		2 3 phyr	Cove NV	89448	
RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 10)	1F. CITY, STATE	7	0	1G. ZIP CODE	
9 Manzinita		Zepnyr	Cove NV	89 5 48	
ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)			ZA, SOCIAL SECURIT	Y OR FEDERAL TAX HO.	
I. MAILING ADDRESS	2C, CITY, STATE			2D. ZIP CODE	
RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2.)	2F. CITY, STATE			2G, ZIP CODE	
DEBTOR(S) TRADE NAME OR STYLE (IF ANY)			3A. FEDERAL TA	K NO.	
ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)	4A. CITY, STATE			4B. ZIP CODE	
SECURED PARTY NAME AVCO FINANCIAL SERVICES			SA, SOCIAL SECURIT	Y NO., FEDERAL TAX ANSIT AND A.B.A. NO	
MAILING ADDRESS P O BOX 2262 RNeno NV		89505		~	
ASSIGNEE OF SECURED PARTY (IF ANY)	ZIP CODE		GA, SOCIAL SECURIT	Y NO , FEDERAL TAX ANSIT AND A.B.A. NO.	
NAME MAILING ADDRESS			10 On Bank (11)	THE R.B.A. NO.	
CITY STATE	ZIP CODE				
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