FILING FEES SEE INSTRUCTIONS

iMPORTANT-Read instructions on back before filling out form

UNIFORM COMMERCIAL CODE FORM UCC-1 IREV 7-751

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fixed or to be affixed and name of record owner of such real which to be extracted. If checked at left, all household goods, furniture, applia time of the loan secured hereby, or at the time of any ref secured hereby, and located about the premises at the E which the goods may be moved.	estate; if oil, gas or minerals, i inces, and consumer goods of e finance or renewal thereof, or co Debtor's residence (unless other	nclude description of re very kind and descriptions ish advanced under the	on owned at the
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	ch roal astata it fiveuras include	description of real pro-	perty to which af-
This FINANCING STATEMENT covers the following types or item	ns of property (if crops or timber	89505 , include description of	real property on
MAILING ADDRESS P O BOX 2262		2000	
ASSIGNEE OF SECURED PARTY (IF ANY) NAME AVCO FINANCIAL SERVICES		6A, SOCIAL SECUR NO. OR BANK T	ITY NO , FEDERAL TAX RANSIT AND A.B.A. HO.
CITY STATE	ZIP CODE		
NAME MAILING ADDRESS	(()		
SECURED PARTY		SA. SOCIAL SECUR	ITY NO. FEDERAL TAX PANSIT AND A.B.A. NO.
ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)	4A. CITY, STATE		4B, ZIP CODE
DEBTOR(S) TRADE NAME OR STYLE (IF ANY)		3A. FEDERAL T	AX NO.
RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 20)	2F. CITY, STATE		2G. ZIP CODE
MAILING ADDRESS	2C. CITY, STATE		2D. ZIP CODE
ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		ZA, SOCIAL SECUR	ITY OR FEDERAL TAX HO.
3/713 Paradise #B		teline NV	89449
P 0 Box 5632 RESIDENCE ABORESS N. D. R.	1F. CITY, STATE	CGTIUG MA	1G ZIR CODE
	IC. CITY, STATE	teline NV	1D ZIP CODE
WINTERS STEVE AND WIFE (LYNN) MAILING ADDRESS			27