

UNIFORM COMMERCIAL CODE - FINANCING STATEMENT - FORM UCC-1

IMPORTANT - Read instructions on back before filling out form.

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

1. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Dickerson, Robert		1A. SOCIAL SECURITY OR FEDERAL TAX NO [REDACTED] 7461	
1B. MAILING ADDRESS P.O. box 3671		1C. CITY, STATE KING Stateline, NV	
1E. RESIDENCE ADDRESS 172 Michelle #54		1F. CITY, STATE Stateline, NV	
1D. ZIP CODE 89449		1G. ZIP CODE 89449	

2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO	
2B. MAILING ADDRESS		2C. CITY, STATE	
2D. ZIP CODE		2E. RESIDENCE ADDRESS	
2F. CITY, STATE		2G. ZIP CODE	

3.  ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME: Avco Financial Services MAILING ADDRESS: P.O. box 2262 CITY: Reno STATE: NV ZIP CODE: 89505		4A. SOCIAL SECURITY NO FEDERAL TAX NO OR BANK TRANSIT AND A B A NO	
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME: _____ MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____		5A. SOCIAL SECURITY NO FEDERAL TAX NO OR BANK TRANSIT AND A B A NO	

6. 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 growing 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).

Certain household goods and other consumer personal property

6A. \_\_\_\_\_  
SIGNATURE OF RECORD OWNER

6B. \_\_\_\_\_  
(TYPE) RECORD OWNER OF REAL PROPERTY

6C. \$ \_\_\_\_\_  
MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

7. Check <input checked="" type="checkbox"/> if Applicable	A <input type="checkbox"/> Proceeds of collateral are also covered	B <input type="checkbox"/> Products of collateral are also covered	C <input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected (Debtors Signature Not Required)	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction (Debtors Signature Not Required)
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8. Check  if Applicable  DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

9. (Date) 2/16/1988

By: Robert W. Dickerson  
SIGNATURE(S) OF DEBTOR(S) (TITLE)

Robert W. Dickerson  
TYPE NAME(S)

By: \_\_\_\_\_  
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

Wendy Moore  
TYPE NAME(S)

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

06667

*Avco Financial Services*  
BY DEBTOR'S RECORDS OF  
RECORDS DEPARTMENT  
RENO, NV 89505

10. Return Copy to

NAME: Avco Financial Services  
ADDRESS: P.O. Box 2262  
CITY, STATE AND ZIP: Reno, NV 89505

'88 FEB 18 AM 11:00

SUZANNE LAUDREAU  
RECORDER

\$ 5.00 PAID *GL* DEPUTY **172708**

THIS SPACE FOR USE OF FILING OFFICER