

UNIFORM COMMERCIAL CODE - FINANCING STATEMENT - FORM UCC-1
IMPORTANT - Read instructions on back before filling out form.

REORDER FROM
Registre, Inc.
 314 PIERCE ST.
 P.O. BOX 218
 ANOKA, MN. 55303
 (612) 421-1712

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 checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		SPURLOCK, COREY E		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-2257	
1B. MAILING ADDRESS		P O BOX 1772		1C. CITY, STATE Hinden NV	
1E. RESIDENCE ADDRESS				1D. ZIP CODE 89423	
				1F. CITY, STATE	
				1G. ZIP CODE	

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	
2E. RESIDENCE ADDRESS				2D. ZIP CODE	
				2F. CITY, STATE	
				2G. ZIP CODE	

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME		AVCO FINANCIAL SERVICES		4A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
MAILING ADDRESS		P O BOX 2262			
CITY		Reno NV		89505	
		STATE		ZIP CODE	

5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME				5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
MAILING ADDRESS					
CITY					
		STATE		ZIP CODE	

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 TOHER 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. file #17434 (Date) 3-9 1990

By: [Signature] (Date) _____ (TITLE) _____
 COREY E SPURLOCK

By: [Signature] (Date) _____ (TITLE) _____
 AVCO FINANCIAL SERVICES
 JEAN ROBLIER

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

07044

REQUESTED BY
AVCO Financial Services
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

90 MAR 22 10:57

SUZANNE BEAUDREAU
 RECORDER **222287**

\$10⁰⁰ PAID K12 DEPUTY

BOOK **390** PAGE **2597**

FILING FEES
 SEE INSTRUCTIONS

10. **Return Copy to**

NAME AVCO FINANCIAL SERVICES
 ADDRESS P O BOX 2262
 CITY, STATE AND ZIP Reno NV 89505

(1) FILING OFFICER COPY-ALPHABETICAL
 UNIFORM COMMERCIAL CODE-FORM UCC-1 (REV. 9-88)

Approved by the Nevada Secretary of State

THIS SPACE FOR USE OF FILING OFFICER