

STATE OF NEVADA  
**UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—FORM UCC-1**  
**IMPORTANT—Read instructions on back before filling out form**

This form may be purchased from  
 Hobbs & Warren, Inc., Boston, Mass. 02101

COUNTY NAME: DOUGLAS COUNTY

Douglas County, Nevada

vw/45-34

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

1. DEBTOR (LAST NAME FIRST) <b>DOB'S TIRE AND AUTO CENTERS</b>		1A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>95-3065235</b>	
1B. MAILING ADDRESS <b>1500 EASTMAN AVENUE, SUITE A</b>		1C. CITY, STATE <b>VENTURA, CALIFORNIA</b>	1D. ZIP CODE <b>93003</b>
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2F. CITY, STATE	2G. ZIP CODE
3. DEBTOR (S) TRADE NAME OR STYLE (IF ANY)		3A. FEDERAL TAX NO.	
4. ADDRESS OF DEBTOR (S) CHIEF PLACE OF BUSINESS (IF ANY)		4A. CITY, STATE	4B. ZIP CODE
5. SECURED PARTY NAME <b>BA LEASING &amp; CAPITAL CORPORATION</b> MAILING ADDRESS <b>TWO EMBARCADERO CENTER</b> CITY <b>SAN FRANCISCO</b> STATE <b>CALIFORNIA</b> ZIP CODE <b>94111</b>		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. <b>94-1627057</b>	
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	

THIS SPACE FOR USE OF FILING OFFICER

7. 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 grown 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.

EQUIPMENT GENERALLY DESCRIBED AS POINT OF SALE AND WHEEL ALIGNMENT EQUIPMENT LEASED UNDER THAT CERTAIN LEASE AGREEMENT DATED 9/13/90, AND ALL RIGHTS TO INSURANCE AND THE PROCEEDS THEREOF COVERING THE ABOVE PROPERTY. THIS STATEMENT IS FILED AS A PRECAUTION ONLY, THE PARTIES INTEND THE LEASE TO BE A TRUE LEASE. DEBTOR IS NOT AUTHORIZED TO DISPOSE OF LEASED PROPERTY.

7A. Maximum amount of indebtedness to be secured at any one time (OPTIONAL)

\$

8. Check <input checked="" type="checkbox"/> If Applicable	A <input checked="" 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	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction
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9. (Date) SEPTEMBER 13 19 90

DOB'S TIRE AND AUTO CENTERS  
 By: [Signature] V.P. FINANCE (TITLE)  
 BA LEASING & CAPITAL CORPORATION  
 By: [Signature] ASST. TREAS. (TITLE)

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

**07177**

REQUESTED BY  
Bank America Lease  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO., NEVADA

**'90 NOV 13 P2:28**

SUZANNE BEAUDREAU  
 RECORDER **238712**

\$10<sup>00</sup> PAID K12 DEPUTY

11. Return Copy to  
 NAME BA LEASING & CAPITAL CORPORATION  
 ADDRESS TWO EMBARCADERO CENTER, 10TH FLOOR  
 CITY, STATE SAN FRANCISCO, CALIFORNIA 94111  
 AND ZIP ATTN: CONTRACT MANAGEMENT #5811

(1) FILING OFFICER COPY—NUMERICAL

Approved by the Secretary of State