

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

REORDER FROM
Registre, Inc.
 514 PIERCE ST.
 P.O. BOX 218
 ANDOKA, MN. 55303
 (612) 421-1713

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) Van Roy, Edward L		1A. SOCIAL SECURITY OR FEDERAL TAX NO. XXXXXXXXXX -8979	
1B. MAILING ADDRESS 1336 Kinmerling #B		1C. CITY, STATE Gardnerville, Nv	
1E. RESIDENCE ADDRESS same		1F. CITY, STATE Gardnerville, Nv	
1D. ZIP CODE 89410		1G. ZIP CODE 89410	
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Van Roy, Connie		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS same		2C. CITY, STATE	
2E. RESIDENCE ADDRESS same		2F. CITY, STATE	
2D. ZIP CODE		2G. ZIP CODE	
3. <input type="checkbox"/> 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.R.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.R.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		6C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)	
6B. _____ (TYPE) RECORD OWNER OF REAL PROPERTY			
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)		
8. Check <input checked="" type="checkbox"/> if Applicable	<input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403		

THIS SPACE FOR USE OF FILING OFFICER

9. file # **13186** (Date) **Dec 21, 1990**

By: *[Signature]* **Edward Van Roy** (SIGNATURE(S) OF DEBTOR(S))
[Signature] **Connie Van Roy** (TITLE)

By: *[Signature]* **Patriela Monnis** (SIGNATURE(S) OF SECURED PARTY(IES))
[Signature] **Assoc. Man-** (TITLE)

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

07212

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

10. Return Copy to

NAME **Avco Financial Services**
 ADDRESS **P O Box 2262**
 CITY, STATE AND ZIP **Reno, Nv 89505**

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SUZANNE DEADOREAU
 RECORDER **242119**

\$11.00 PAID K10 DEPUTY