

M. Brent Morgan (ISB No. 2837)
M. Brent Morgan, P.C., Chtd.
Attorney at Law
1106 East Center
Pocatello, ID 83201-5202
(208) 232-7800 Telephone
(208) 232-1900 Facsimile

TO DISTRICT CLERK
FEBRUARY 10 2000
P 11:38
FEDERAL BUREAU OF INVESTIGATION

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF IDAHO

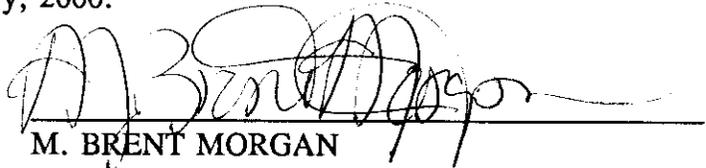
IN RE:)
) CASE NO: 99-40408 JDP
Kim M. Andreason)
Valerie Kae Andreasen)
Debtors.)

Creditor's Response to Trustee's Objection to Claim

The Creditor, Avco Financial Services n/k/a The Associates, by and through its attorney, M. Brent Morgan, responds to the Trustee's Objection to Claim as follows:

1. The loan and security agreement forms attached to creditor's Proof of Claim will confirm that this was a purchase money loan dated on or about 10-28-98 and secured by a Hitachi TV at a purchase price of \$1,699.87; RCA satellite dish at a purchase price of \$199.99; and two Sharp Camcorders at a purchase price of \$439.94 each.
2. The current fair market value of these household items is estimated by creditor in the amount of \$1,600.00.
3. The balance owing on this loan at the time of filing was \$2,454.00, leaving an unsecured claim of \$854.00, rather than the \$2,454.00 reflected in creditor's Proof of Claim. Accordingly, an Amended Proof of Claim is submitted herewith.

DATED this 9th day of February, 2000.


M. BRENT MORGAN
Attorney for Creditor

62

CERTIFICATE OF SERVICE

I hereby certify that on this 9th day of February, 2000, a true and correct copy of the foregoing **Creditor's Response to Trustee's Objection to Claim** and supporting **Amended Proof of Claim** was served by placing a copy thereof in the U.S. Mail, postage prepaid, and addressed to the following:

Assistant U.S. Trustee
P.O. Box 110
Boise, ID 83701-0101

L.D. Fitzgerald, Bankruptcy Trustee
P.O. Box 4886
Pocatello, ID 83205

Thomas W. Clark
Attorney for Debtors
P.O. Box 991
Pocatello, ID 83204-0991

Daniel C. Green
Attorney for Trustee
P.O. Box 1391
Pocatello, ID 83204-1391


M. BRENT MORGAN

**United States Bankruptcy Court
District of Idaho**

PROOF OF CLAIM
THIS SPACE IS FOR COURT USE ONLY

Complete this form and mail to: U.S. Bankruptcy Court 550 W. Fort St. Boise, ID 83724

Name of Debtor:

KIM M. & VALORIE KAE ANDREASEN

Case Number:

99-40408

Chapter:

Trustee:

Proof of claim form and all supporting documents must be filed in **DUPLICATE** on Chapter 12 and 13 cases

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense must be filed pursuant to U.S.C. §503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Avco Financial Services

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- Check box if you have never received any notices from the bankruptcy court in this case.
- Check box if the address differs from the address on the envelope.

Account or other number by which identifies debtor:

Check here if this claim: Replaces Amends a previously filed claim dated:

1. Basis for Claim Goods Sold Services Performed Money Loaned Personal Injury/Wrongful Death Taxes
- Retiree benefits as defined in 11 U.S.C. §1114(a) Other (please describe):
- Wages, Salaries and compensation: Your Social Security Number: _____
- Unpaid Compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred:

3. If court Judgment, date obtained:

4. SECURED CLAIM

Check box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral:

Real Estate Motor Vehicle

Other *television, satellite dish 2 camcorders*
Value of Collateral \$ 1600.00

Amount of arrearage and other charges at time the case was filed included in secured claim, if any:
\$2454.00

5. UNSECURED PRIORITY CLAIM

Check box if you have an unsecured priority claim

Amount entitled to priority \$ _____

SPECIFY PRIORITY OF CLAIM:

- Wages, Salaries, or commissions (up to \$4000)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. (11 U.S.C. § 507 (a)(3))
- Contributions to an employee benefit plan (11 U.S.C. § 507 (a)(4))
- Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family or household use (11 U.S.C. § 507 (a)(6))
- Alimony, maintenance, or support owed to a spouse, former spouse or child (11 U.S.C. § 507 (a)(7))
- Taxes or penalties owed to governmental units (11 U.S.C. § 507 (a)(8))
- Other - Specify applicable paragraph of (11 U.S.C. § 507 (a)())

**Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

6. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED

UNSECURED \$ 854.00 SECURED \$ 1600.00

PRIORITY \$ _____ TOTAL \$ _____

Check box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. **DO NOT SEND ORIGINAL DOCUMENTS.** If the documents are not available, please explain. If the documents are voluminous, attach a summary.
9. Date Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

DATE
2-09-00

Sign and print the name and title, if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

[Signature]

Penalty for presenting fraudulent claim: Fine up to \$300,000 or imprisonment for up to 5 year, or both. 18 U.S.C. §152 and §3571

CUSTOMER CREDIT APPLICATION

signature below, you apply to Rex TV (Seller) for a retail charge account, known as an Avco Revolving Charge Account. You understand that the application for credit will be submitted to Avco Financial Services of Idaho Falls, Inc. ("Avco") and that the account will be assigned to Avco upon acceptance of your application and that use of the Avco Revolving Charge Account is contingent upon approval of your credit by Avco. After credit approval, you understand Avco will extend credit under the terms of the agreement on the reverse side of this application. You certify that the information in this application is correct to the best of your knowledge. **NOTICE:** Whether or not married, you have the right to apply for credit separately from or jointly with your spouse or another person. If individual credit is desired, omit the information in Co-Applicant Section. You apply for Joint Credit with spouse or another person Individual Credit in my name only. Have you ever filed Bankruptcy? Yes No

APPLICANT

REG'T LINE REQUESTED: 2500.00 DESIRED PAYMENT DATE: _____

LAST NAME: Anderssen FIRST: Kim MI: M

AGE: 43 BIRTH DATE: 7-14-54 DEF: _____ SOCIAL SECURITY NO.: 528-84-4257

ADDRESS: 112 W. 2nd St. NUMBER: 2nd STREET: 50. APT. #: _____

CITY: Grace Id STATE: Id ZIP: 83241 HOME PHONE: 425-3901 NEARBY:

BUYDOWN: _____ LANDLORD OR MORTGAGE HOLDER & ADDRESS: Associates RENT/MTG. PMT.: \$975.00

1ST MORTGAGE: _____ 2ND MORTGAGE HOLDER AND ADDRESS: _____ MTG. PMT.: _____

BAL. OWED 1ST MTG.: \$75,000 BAL. OWED 2ND MTG.: _____ EST. VALUE PROP.: \$85,000

PREVIOUS ADDRESS: _____ HOW LONG: _____ YR. MO.

CURRENT EMPLOYER: Pacific Corp OCCUPATION: Electrician HOW LONG: 2 YR. MO. MO. GROSS INCOME: 4950

ADDRESS OF LOCATION: SLC, Utah PHONE NO.: 1-801-220-

PREVIOUS EMPLOYER: _____ OCCUPATION: _____ HOW LONG: _____ YR. MO.

CO-APPLICANT

LAST NAME (INCLUDE ONLY IF DIFFERENT THAN APPLICANT): _____ FIRST: _____ MI: _____

MARRIED UNMARRIED SEPARATED BIRTHDATE: _____ SOCIAL SECURITY NO.: _____

CURRENT EMPLOYER: _____ ADDRESS OR LOCATION: _____

PHONE NO.: _____ OCCUPATION: _____ HOW LONG: _____ YR. MO. MO. GROSS INCOME: _____

PREVIOUS EMPLOYER: _____ OCCUPATION: _____ HOW LONG: _____ YR. MO.

APPLICANT AND/OR CO-APPLICANT

Other Income: IMPORTANT: INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO RELY UPON SUCH INCOME IN APPLYING FOR CREDIT.

TYPE OF OTHER INCOME: _____ MONTHLY AMOUNT: _____

NAME AND ADDRESS OF PAYER: _____

BANK OR SAVINGS AND LOAN AND ADDRESS

CHECKING: Ireland Bank Grace

SAVINGS: Ireland Bank Grace

AUTOMOBILES

YEAR: 1996 MAKE: Dodge MODEL: Pickup PAID FOR FINANCED LEASED

CREDIT REFERENCES: List Banks, Finance Companies, Department Stores & Major Credit Cards (Open or Closed within last 2 years). Do you have credit established in any other name? Yes No If yes, what name: _____

NAME OF CREDITOR OR COMPANY	ADDRESS OR LOCATION	ITEM OR ACCOUNT NO.	OPEN	PAYMENT	BALANCE
<u>Ireland Bank</u>	<u>Grace, Id.</u>			<u>145</u>	<u>900.00</u>
<u>Key Bank</u>	<u>Polotello</u>			<u>0</u>	<u>0</u>

NAME OF NEAREST RELATIVE NOW LIVING WITH YOU: Sandra Jensen ADDRESS: Thatcher Id PHONE NO.: 427-6325 RELATIONSHIP: Sister

IF CREDIT INSURANCE IS DESIRED COMPLETE AND SIGN CREDIT INSURANCE AUTHORIZATION AND APPLICATION BELOW

CREDIT INSURANCE AUTHORIZATION AND APPLICATION - Avco agrees to furnish single or joint credit life and single disability insurance provided by Balboa Life Insurance Company and single involuntary unemployment insurance provided by Balboa Insurance Company under group policies issued to Avco. Credit Life Insurance will pay the applicant's balance as of the date of the last Billing Statement prior to the date of death of either the Primary Buyer or the Co-Buyer. If joint life insurance is selected, only one death benefit will be paid upon the death of the first insured to die. Credit Disability Insurance will pay a monthly benefit equal to the amount of the monthly payment; however, the maximum total benefit is the principal balance outstanding at the time of loss or \$20,000, whichever is less. Involuntary unemployment insurance will pay a monthly benefit equal to the amount of the monthly payment for a maximum of 12 months if the insured is continuously unemployed, as provided in the certificate. If the insured is not covered, only the Primary Buyer shown below will be insured for disability and involuntary unemployment insurance, following rates, as applicable:

for involuntary unemployment insurance OR

for involuntary unemployment insurance.

OR THE EXTENSION OF CREDIT.

RELATED COMPANY; THAT AVCO EXPECTS TO PROFIT FROM ITS SALE, AND BY COPY OF THIS AUTHORIZATION.

single & single involuntary unemployment insurance, Irvine, California 92612-1627 423519

	Date	# of pages
\$6.88 Post-it Fax Note 7671		
\$7.44 To Brent	From Kim	
YOU L Co./Dept.	Co.	
HOME L Phone #	Phone #	
MY/OI Fax #	Fax #	

You are applying for the credit insurance... for insurance to your account each month as they become due. You have the right to stop this authorization. Your signature below means that you agree that: 1. You are eligible for insurance as to each advance only if you have not previously been insured by Avco. 2. Each month the amount of insurance available to you is based on the amount of the advance. 3. If you are not insured for any unused credit which may be available to you. 4. Each month the amount of insurance available to you is based on the amount of the advance. 5. If you are not insured for any unused credit which may be available to you. 6. Each month the amount of insurance available to you is based on the amount of the advance. 7. If you are not insured for any unused credit which may be available to you. 8. Each month the amount of insurance available to you is based on the amount of the advance. 9. If you are not insured for any unused credit which may be available to you. 10. Each month the amount of insurance available to you is based on the amount of the advance. 11. If you are not insured for any unused credit which may be available to you. 12. Each month the amount of insurance available to you is based on the amount of the advance. 13. If you are not insured for any unused credit which may be available to you. 14. Each month the amount of insurance available to you is based on the amount of the advance. 15. If you are not insured for any unused credit which may be available to you. 16. Each month the amount of insurance available to you is based on the amount of the advance. 17. If you are not insured for any unused credit which may be available to you. 18. Each month the amount of insurance available to you is based on the amount of the advance. 19. If you are not insured for any unused credit which may be available to you. 20. Each month the amount of insurance available to you is based on the amount of the advance. 21. If you are not insured for any unused credit which may be available to you. 22. Each month the amount of insurance available to you is based on the amount of the advance. 23. If you are not insured for any unused credit which may be available to you. 24. Each month the amount of insurance available to you is based on the amount of the advance. 25. If you are not insured for any unused credit which may be available to you. 26. Each month the amount of insurance available to you is based on the amount of the advance. 27. If you are not insured for any unused credit which may be available to you. 28. Each month the amount of insurance available to you is based on the amount of the advance. 29. If you are not insured for any unused credit which may be available to you. 30. Each month the amount of insurance available to you is based on the amount of the advance. 31. If you are not insured for any unused credit which may be available to you. 32. Each month the amount of insurance available to you is based on the amount of the advance. 33. If you are not insured for any unused credit which may be available to you. 34. Each month the amount of insurance available to you is based on the amount of the advance. 35. If you are not insured for any unused credit which may be available to you. 36. Each month the amount of insurance available to you is based on the amount of the advance. 37. If you are not insured for any unused credit which may be available to you. 38. Each month the amount of insurance available to you is based on the amount of the advance. 39. If you are not insured for any unused credit which may be available to you. 40. Each month the amount of insurance available to you is based on the amount of the advance. 41. If you are not insured for any unused credit which may be available to you. 42. Each month the amount of insurance available to you is based on the amount of the advance. 43. If you are not insured for any unused credit which may be available to you. 44. Each month the amount of insurance available to you is based on the amount of the advance. 45. If you are not insured for any unused credit which may be available to you. 46. Each month the amount of insurance available to you is based on the amount of the advance. 47. If you are not insured for any unused credit which may be available to you. 48. Each month the amount of insurance available to you is based on the amount of the advance. 49. If you are not insured for any unused credit which may be available to you. 50. Each month the amount of insurance available to you is based on the amount of the advance. 51. If you are not insured for any unused credit which may be available to you. 52. Each month the amount of insurance available to you is based on the amount of the advance. 53. If you are not insured for any unused credit which may be available to you. 54. Each month the amount of insurance available to you is based on the amount of the advance. 55. If you are not insured for any unused credit which may be available to you. 56. Each month the amount of insurance available to you is based on the amount of the advance. 57. If you are not insured for any unused credit which may be available to you. 58. Each month the amount of insurance available to you is based on the amount of the advance. 59. If you are not insured for any unused credit which may be available to you. 60. Each month the amount of insurance available to you is based on the amount of the advance. 61. If you are not insured for any unused credit which may be available to you. 62. Each month the amount of insurance available to you is based on the amount of the advance. 63. If you are not insured for any unused credit which may be available to you. 64. Each month the amount of insurance available to you is based on the amount of the advance. 65. If you are not insured for any unused credit which may be available to you. 66. Each month the amount of insurance available to you is based on the amount of the advance. 67. If you are not insured for any unused credit which may be available to you. 68. Each month the amount of insurance available to you is based on the amount of the advance. 69. If you are not insured for any unused credit which may be available to you. 70. Each month the amount of insurance available to you is based on the amount of the advance. 71. If you are not insured for any unused credit which may be available to you. 72. Each month the amount of insurance available to you is based on the amount of the advance. 73. If you are not insured for any unused credit which may be available to you. 74. Each month the amount of insurance available to you is based on the amount of the advance. 75. If you are not insured for any unused credit which may be available to you. 76. Each month the amount of insurance available to you is based on the amount of the advance. 77. If you are not insured for any unused credit which may be available to you. 78. Each month the amount of insurance available to you is based on the amount of the advance. 79. If you are not insured for any unused credit which may be available to you. 80. Each month the amount of insurance available to you is based on the amount of the advance. 81. If you are not insured for any unused credit which may be available to you. 82. Each month the amount of insurance available to you is based on the amount of the advance. 83. If you are not insured for any unused credit which may be available to you. 84. Each month the amount of insurance available to you is based on the amount of the advance. 85. If you are not insured for any unused credit which may be available to you. 86. Each month the amount of insurance available to you is based on the amount of the advance. 87. If you are not insured for any unused credit which may be available to you. 88. Each month the amount of insurance available to you is based on the amount of the advance. 89. If you are not insured for any unused credit which may be available to you. 90. Each month the amount of insurance available to you is based on the amount of the advance. 91. If you are not insured for any unused credit which may be available to you. 92. Each month the amount of insurance available to you is based on the amount of the advance. 93. If you are not insured for any unused credit which may be available to you. 94. Each month the amount of insurance available to you is based on the amount of the advance. 95. If you are not insured for any unused credit which may be available to you. 96. Each month the amount of insurance available to you is based on the amount of the advance. 97. If you are not insured for any unused credit which may be available to you. 98. Each month the amount of insurance available to you is based on the amount of the advance. 99. If you are not insured for any unused credit which may be available to you. 100. Each month the amount of insurance available to you is based on the amount of the advance.

Primary Buyer: _____ Date of Birth: _____ Co-Buyer: _____ Date of Birth: _____

ARBITRATION NOTICE - You understand AND AGREE to the terms of the arbitration provisions contained in the documents of this transaction which require binding arbitration of any disputes, except for those disputes specifically excluded under the terms of the arbitration provisions, and you hereby WAIVE the right to a court or jury trial.

DISCLOSURE OF INFORMATION NOTICE - If this box IS NOT checked, you hereby authorize Avco to disclose to any entity which directly or indirectly controls, is controlled by, or under common control with Avco, information obtained from this application.

IF INITIALED, THE TERMS OF THIS AGREEMENT SHALL BE THE TERMS OF THE REVOLVING CHARGE ACCOUNT AGREEMENT, on the reverse side of this application, and you acknowledge and agree to the terms of the same.

NOTICE TO THE BUYER: (1) DO NOT SIGN THIS CONTRACT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES. (2) YOU ARE ENTITLED TO AN EXACT COPY OF THIS CONTRACT YOU SIGN. (3) UNDER THE LAW YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND RECEIVE A PARTIAL REFUND OF THE FINANCE CHARGE.

IF CHECKED, YOU DO NOT DESIRE CREDIT INSURANCE COVERAGE ON THIS AGREEMENT. FAX-238-9068 DATE 1.5.98

REVOLVING CHARGE PURCHASE

INVOICE

LOCATION 1580 YEL DOWNS DR MOBILE AL

CUSTOMER'S NAME KIM ANDREASON		CUSTOMER'S ADDRESS 112 W 2ND ST, GRACE 33241	
PHONE NUMBER 425 3901	ACCOUNT NUMBER 2443747	DATE 10/27/86	CLERK 1277
		DEPT.	DELIVERY DATE 10-26-86

QUANTITY	DESCRIPTION OF MERCHANDISE	SERIAL NUMBER	PRICE
1	VLE66 W/34R Cam covered	710332078	439.94
1	VLE66 W/34R	710332501	439.94
INVOICE 340991			

ADD on OK
PGR
KRISTA

SUB-TOTAL	\$ 879.88
SALES TAX	\$ 36.00
SUB-TOTAL	\$ 915.88
DOWN PAYMENT	\$
TOTAL AMOUNT TO BE ADDED TO YOUR ACCOUNT	\$ 915.88

PROPERTY INSURANCE placed in connection with this transaction may be obtained by you from any person of your choice.
The coverage amount, term and cost is:

COVERAGE AMT.	TERM	MOS.
---------------	------	------

Cash Option Promotion

Note to Dealer: Cash Option purchases may not be added to an existing account; a separate account is required. If this purchase is a Cash Option purchase, complete the appropriate option below and attach a Revolving Charge Application and Agreement signed by the customer.

- Cash Option With Deferred Payment:** You may defer all payments for this purchase, except insurance premiums, if any, due on your account in accordance with the terms set forth in the Revolving Charge Account Agreement for ___ months from the Date of Purchase (Cash Option period). During such period you will receive monthly Periodic Billing Statements but no payment will be due until the first payment due date as established above. However, payments may be made at any time in order to pay all purchases in full by the first payment due date.
- Cash Option With Monthly Payment:** You may pay the full balance of this purchase, except insurance premiums, if any, due on your account on or before the date indicated below (Cash Option period) in accordance with the Revolving Charge Account Agreement without Finance Charge. During such period you will receive monthly Periodic Billing Statements and you must pay by each due date at least the Minimum Payment billed. Larger payments may be made at any time in order to pay all purchases in full by the due date indicated. 12 months from Date of Purchase.

If you pay the full balance of all purchases made under the Revolving Charge Account Agreement before the end of the Cash Option period as established above, any Finance Charges and Insurance Premiums billed for such period shall be reversed by credit to the account or refund directly to you. Since Periodic Billing Statements will reflect Finance Charges and applicable Insurance Premiums, you are encouraged to contact the Avco office servicing your account to obtain the correct net balance required to pay off the account prior to the expiration of the Cash Option period.

You do not have to pay off the account during the Cash Option period. Beginning with the first payment due date, simply pay each month the billed Minimum Payment until the account is paid in full. If you elect to pay your account in this manner, Finance Charges will continue to accrue and be payable in accordance with the terms of your Avco Revolving Charge Account Agreement.

I ACKNOWLEDGE RECEIPT OF THE GOODS AND/OR SERVICES DESCRIBED ABOVE UNDER THE TERMS AND CONDITIONS OF THE REVOLVING CHARGE ACCOUNT AGREEMENT WHICH BEARS THE ACCOUNT NUMBER STATED ABOVE OR IS ATTACHED HERETO.

Kim Andreas
CUSTOMER'S SIGNATURE

REVOLVING CHARGE PURCHASE INVOICE

INVOICE

LOCATION 1580 Felloi Stone Ave. Poc. ID. 832

CUSTOMER'S NAME Elin Anderson		CUSTOMER'S ADDRESS 112 W 2nd So. Grace, ID. 83241	
PHONE NUMBER 208-425-3901	ACCOUNT NUMBER	DATE 6/5/98	CLERK 1057
		DEPT.	DELIVERY DATE 6/5/98

QUANTITY	DESCRIPTION OF MERCHANDISE	SERIAL NUMBER	PRICE
1	HITACHI 50" FX30B Big Screen TV.	V7H011386	1699 87
1	RCA DS3130 Satellite	816218764	199 99
<i>per Krista</i>			

SUB-TOTAL	\$ 1899 86
SALES TAX	\$ 89 99
SUB-TOTAL	\$ 1989 85
DOWN PAYMENT	\$ 200 00
TOTAL AMOUNT TO BE ADDED TO YOUR ACCOUNT	\$ 1789.85

PROPERTY INSURANCE placed in connection with this transaction may be obtained by you from any person of your choice.
The coverage amount, term and cost is:

COVERAGE AMT.	TERM	COST
		\$

Cash Option Promotion

Note to Dealer: Cash Option purchases may not be added to an existing account; a separate account is required. If this purchase is a Cash Option purchase, complete the appropriate option below and attach a Revolving Charge Application and Agreement signed by the customer.

- Cash Option With Deferred Payment:** You may defer all payments for this purchase, **except insurance premiums**, if any, due on your account in accordance with the terms set forth in the Revolving Charge Account Agreement for _____ months from the Date of Purchase (Cash Option period). During such period you will receive monthly Periodic Billing Statements but **no payment will be due until the first payment due date** as established above. However, payments may be made at any time in order to pay all purchases in full by the first payment due date.
- Cash Option With Monthly Payment:** You may pay the full balance of this purchase, **except insurance premiums**, if any, due on your account on or before the date indicated below (Cash Option period) in accordance with the Revolving Charge Account Agreement without Finance Charge. During such period you will receive monthly Periodic Billing Statements and **you must pay by each due date at least the Minimum Payment billed**. Larger payments may be made at any time in order to pay all purchases in full by the due date indicated. 12 months from Date of Purchase.

If you pay the full balance of all purchases made under the Revolving Charge Account Agreement **before the end of the Cash Option period** as established above, any Finance Charges and Insurance Premiums billed for such period shall be reversed by credit to the account or refund directly to you. Since Periodic Billing Statements will reflect Finance Charges and applicable Insurance Premiums, you are encouraged to contact the Avco office servicing your account to obtain the correct net balance required to pay off the account prior to the expiration of the Cash Option period.

You do not have to pay off the account during the Cash Option period. Beginning with the first payment due date, simply pay each month the billed Minimum Payment until the account is paid in full. If you elect to pay your account in this manner, Finance Charges will continue to accrue and be payable in accordance with the terms of your Avco Revolving Charge Account Agreement.

I ACKNOWLEDGE RECEIPT OF THE GOODS AND/OR SERVICES DESCRIBED ABOVE UNDER THE TERMS AND CONDITIONS OF THE REVOLVING CHARGE ACCOUNT AGREEMENT WHICH BEARS THE ACCOUNT NUMBER STATED ABOVE OR IS ATTACHED HERETO.

[Handwritten Signature]
CUSTOMER'S SIGNATURE