

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

#71-164519

STATE OF NEVADA

BANK AND BANKERS DIVISION
DIAMOND INTERNATIONAL CORPORATION
P.O. BOX 4000 - RENO, NEVADA 89505

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

1. DEBTOR (LAST NAME FIRST) LIMB, MOFFETT AND PATTERSON		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 5859	
1B. MAILING ADDRESS Box FF,		1C. CITY, STATE Stateline, Nevada	1D. ZIP CODE 89449
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 340 Main Street		1F. CITY, STATE Gardnerville, Nevada	1G. ZIP CODE 89410
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) 340 Main Street		4A. CITY, STATE Gardnerville, Nevada	4B. ZIP CODE 89410
5. SECURED PARTY NAME First National Bank of Nevada MAILING ADDRESS P.O. Box 130 CITY Stateline STATE Nevada ZIP CODE 89449		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 94-78 1212	
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.	

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.

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7A. _____ RECORD OWNER OF REAL PROPERTY
7B. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

8. Check <input checked="" type="checkbox"/> if Applicable	<input type="checkbox"/> Proceeds of collateral are also covered	<input type="checkbox"/> Products of collateral are also covered	<input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected	<input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction
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9. _____ (Date) 12/29 1977

 LIMB, MOFFETT, & PATTERSON
 By: [Signature] _____ (TITLE)
 John D. Limb

 FIRST NATIONAL BANK OF NEVADA
 By: [Signature] _____ (TITLE)
 W. F. Walden Loan Officer

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

 3054
 REQUESTED BY
F.N.B.
 IN OFFICIAL RECORDS OF
 DOUGLAS CO. NEVADA
 \$4.00 fee
 1978 JAN -6 PM 12:38
 PATRICIA J. WILLIAMS
 RECORDER
[Signature]

11. **Return Copy to**
 First National Bank of Nevada
 P. O. Box 130
 Stateline, Nevada 89449

THIS SPACE FOR USE OF FILING OFFICER

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