

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

FINANCIAL FORMS DEPARTMENT
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) CERVANTES JR., ABELARDO G.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. -9848	
1B. MAILING ADDRESS C/O CHAMBERA P.O. BOX 2437		1C. CITY, STATE STATELINE, NV.	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 217 DONNA WAY		1F. CITY, STATE STATELINE, NV.	
1D. ZIP CODE 89449		1G. ZIP CODE 89449	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) CERVANTES, SYLVIA A.		2A. SOCIAL SECURITY OR FEDERAL TAX NO. -7439	
2B. MAILING ADDRESS SAME AS ABOVE		2C. CITY, STATE	
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2F. CITY, STATE	
2D. ZIP CODE		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		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
5. SECURED PARTY NAME C.I.T. FINANCIAL SERVICES, INC. MAILING ADDRESS P.O. BOX Z CITY SO. LAKE TAHOE STATE CA ZIP CODE 95705		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE			

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.

-----ALL HOUSEHOLD GOODS NO EXCEPTIONS-----

7A. _____
SIGNATURE OF RECORD OWNER

7B. _____
(TYPE) RECORD OWNER OF REAL PROPERTY

7C. \$ _____
MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

8. Check If Applicable

A Proceeds of collateral are also covered

B Products of collateral are also covered

C Proceeds of above described original collateral in which a security interest was perfected

D Collateral was brought into this State subject to security interest in another jurisdiction

9. Check If Applicable

DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

10. (Date) DECEMBER 10 1979

By: Abelardo Cervantes
SIGNATURE(S) OF DEBTOR(S) (TITLE)
ABELARDO G. CERVANTES

By: Sylvia A. Cervantes
SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)
SYLVIA A. CERVANTES
Don Barrenchea MGR.

12. This Space for Use of Filing Officer
(Date, Time, File Number and Filing Officer)
04117

REQUESTED BY
C.I.T. Fin. Serv. Inc.
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA
\$ 400 pd
1979 DEC 12 AM 11:54
MARIE A. RABEL
RECORDER
Gina Slater
dyg.

11. Return Copy to

NAME C.I.T. FINANCIAL SERVICES, INC.
ADDRESS P.O. BOX Z
CITY, STATE AND ZIP SO. LAKE TAHOE, CA. 95705

THIS SPACE FOR USE OF FILING OFFICER

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