

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) RANKIN, LORRAINE		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 2619	
1B. MAILING ADDRESS P.O. BOX 1551		1C. CITY, STATE ZEPHYR COVE NV.	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 145 MICHELLE DR.		1F. CITY, STATE ZEPHYR COVE, NV	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) NONE		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2F. CITY, STATE	
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	
5. SECURED PARTY NAME C.I.T FINANCIAL SERVICES, INC. MAILING ADDRESS P.O. BOX Z CITY SO. LAKE TAHOE, CA. 95705 STATE CA. ZIP CODE 95705		5A. 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		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.

-----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 <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	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction
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9. Check If Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

10. (Date) JAN 9 19 81

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

By: Lorraine Rankin
 LORRAINE RANKIN OF DEBTOR(S) (TITLE)

By: Peter Hignock
 PETER HIGNOCK SECURED PARTY (IES) (TITLE)

04632

REQUESTED BY
 C.I.T. Financial
 IN OFFICIAL RECORDS OF
 DOUGLAS CO. NEVADA
 1981 JAN 14 AM 11:21

MARIE A. RABEL
 RECORDER

(Dep.) Carol [Signature]

11. Return Copy to

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