

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

STATE OF NEVADA

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) AMDAL, KARL L. AND JOYCE		1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
1B. MAILING ADDRESS P.O. BOX 172		1C. CITY, STATE GARDNERVILLE, NEVADA	1D. ZIP CODE 89410
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	1G. ZIP CODE

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)		4A. CITY, STATE	4B. ZIP CODE

5. SECURED PARTY NAME: NEVADA FIRST THRIFT MAILING ADDRESS: P.O. BOX 1788 CITY: Gardnerville, STATE: Nevada ZIP CODE: 89410		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0132848
---	--	--

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.)

ONE JOHNSON 90 90H.P. BOAT MOTOR

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

8. 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	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction
--	--	--	---	--

9. 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
--	---

10.	(Date) MAY 26, 19 81
By: <i>Karl L. Amdal</i> Karl L. Amdal	(TITLE)
By: <i>Joyce J. Amdal</i> Joyce J. Amdal	(TITLE)
By: <i>Jerry G. Smith</i> Jerry G. Smith	Manager (TITLE)

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

04761

REQUESTED BY
Nevada First Thrift
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA
\$400.00
1981 MAY 27 AM 10:28

56622

581 PAGE 1472

MARIE A. RABEL
RECORDER

Linda Plater
deputy

FILING FEES
SEE INSTRUCTIONS

11.	Return Copy to
NAME	NEVADA FIRST THRIFT
ADDRESS	P.O. BOX 1788
CITY, STATE AND ZIP	GARDNERVILLE, NV. 89410

THIS SPACE FOR USE OF FILING OFFICER