

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

FINANCIAL FORMS DEPARTMENT  
 DIAMOND INTERNATIONAL CORPORATION

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

1. DEBTOR (LAST NAME FIRST) <b>HOFF, SHIRLEY</b>		1A. SOCIAL SECURITY OR FEDERAL TAX NO <b>- 5935</b>	
1B. MAILING ADDRESS <b>PO BOX 2025</b>		1C. CITY, STATE <b>STATELINE, NV</b>	1D. ZIP CODE <b>89449</b>
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) <b>317 EUGENE DRIVE</b>		1F. CITY, STATE <b>STATELINE, NV</b>	1G. ZIP CODE <b>89449</b>
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: <b>AETNA FINANCE COMPANY</b> MAILING ADDRESS: <b>100 S. WELLS</b> CITY: <b>RENO</b> STATE: <b>NV</b> ZIP CODE: <b>89502</b>		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 TO THE HOUSEHOLD GOODS AND FURNITURE OF EVERY KIND, NATURE AND DESCRIPTON NOW LOCATED IN OR ABOUT DEBTORS PREMISES AT THE ADDRESS ABOVE SET FORTH OR AT THE ADDRESS TO WHICH SAID PROPERTY SHALL BE HEREAFTER REMOVED.

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

<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. Check  if Applicable

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

10. (Date) JUNE 10 1983

By: SHIRLEY HOFF

By: *Shirley Hoff* (SIGNATURE(S) OF DEBTOR(S)) (TITLE)

By: AETNA FINANCE COMPANY

By: *MA Habush* (SIGNATURE(S) OF SECURED PARTY (ES)) (TITLE)

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

**05316**

REQUESTED BY  
Aetna Finance Co.  
8400 p.c.  
1983 JUN 17 AM 10:47

SUZANNE BAUDREAU  
RECORDER

*Suzanne Baudreau*  
Rec.

11. Return Copy to

NAME	AETNA FIANNACE COMPANY
ADDRESS	PO BOX 168 1868
CITY, STATE AND ZIP	RENO, NV 89505

THIS SPACE FOR USE OF FILING OFFICER

**081649**  
**683**

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