

**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)<br><b>CONSOLIDATED CASINO'S CORPORATION</b> |  | 1A. SOCIAL SECURITY OR FEDERAL TAX NO. |
|---|--|--|

|  |   |                              |
|--|---|------------------------------|
| 1B. MAILING ADDRESS<br><b>P.O. Box C</b> | 1C. CITY, STATE<br><b>Stateline, NV</b> | 1D. ZIP CODE<br><b>89449</b> |
|--|---|------------------------------|

|  |                 |              |
|--|-----------------|--------------|
| 1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) | 1F. CITY, STATE | 1G. ZIP CODE |
|--|-----------------|--------------|

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|---|--|--|
| 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 |
|--|-----------------|--------------|

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|---|--|---------------------|
| 3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY)<br><b>HIGH SIERRA</b> |  | 3A. FEDERAL TAX NO. |
|---|--|---------------------|

|   |  |   |                              |
|---|--|---|------------------------------|
| 4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)<br><b>P.O. Box C</b> |  | 4A. CITY, STATE<br><b>Stateline, NV</b> | 4B. ZIP CODE<br><b>89449</b> |
|---|--|---|------------------------------|

|  |  |  |
|--|--|--|
| 5. SECURED PARTY<br>NAME <b>IGT</b><br>MAILING ADDRESS <b>520 South Rock Blvd.</b><br>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.<br><b>88-0062109</b> |
|--|--|--|

|   |  |   |
|---|--|---|
| 6. ASSIGNEE OF SECURED PARTY (IF ANY)<br>NAME<br>MAILING ADDRESS<br>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. **and secured party has a security interest in:**

**(137) Various Aristocrats, signs, meters, stands, control boxes**

**Description of exact model and serial numbers to follow on UCC-2.**

**(SO #30545)**

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

|  |   |  |   |  |
|--|---|--|---|--|
| 8. Check <input checked="" type="checkbox"/> if Applicable | A <input checked="" 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) 9/4 1984

**CONSOLIDATED CASINO'S CORPORATION DBA HIGH SIERRA**

By: Anthony C. Atchley President  
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: William Thomas Credit Manager  
SIGNATURE(S) OF SECURED PARTY (S) (TITLE)

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

**05874**

REQUESTED BY  
IGT  
IN OFFICIAL RECORDS OF  
DEPT. OF COM. NEVADA

11. **Return Copy to**

|                     |  |
|---------------------|--|
| NAME                | Bill Thomas                            |
| ADDRESS             | IGT                                    |
| CITY, STATE AND ZIP | 520 South Rock Blvd.<br>Reno, Nv 89502 |

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SUZANNE BEAUDREAU  
RECORDER

\$ 5.00 PAID DEPUTY **106221**  
BOOK **984** PAGE **216**

THIS SPACE FOR USE OF FILING OFFICER