

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) ADAMS, Timothy J. Jr.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 8057	
1B. MAILING ADDRESS 3906 Cherry Street		1C. CITY, STATE Silver Springs, NV	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	
1D. ZIP CODE 89429		1G. ZIP CODE	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) ADAMS, Delores		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 2991	
2B. MAILING ADDRESS 3906 Cherry Street		2C. CITY, STATE Silver Springs, NV	
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2F. CITY, STATE	
2D. ZIP CODE 89429		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 Beneficial California, Inc. MAILING ADDRESS P. O. Box 9112 CITY S. Lake Tahoe, CA STATE CA ZIP CODE 95731		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 of the consumer goods, including household furniture, furnishings, carpets, draperies, chinaware, and other household goods of every kind owned by Debtors and located at the address of the Debtors listed in items 1 and 2.

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) September 10 19 84

By: Timothy Adams Delores Adams
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: Linda S. Pearson Associate Manager
SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

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

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REQUESTED BY
Beneficial Calif. Inc.

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SUBMITTED TO
REGISTRAR

\$ 5.00 PAID BY DEPUTY
108844
BOOK **1084** PAGE **1981**

11. Return Copy to

NAME	Beneficial California, Inc.
ADDRESS	P. O. Box 9112
CITY, STATE AND ZIP	S. Lake Tahoe, CA 95731

THIS SPACE FOR USE OF FILING OFFICER