

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

FINANCIAL FORMS DEPARTMENT
SMURFIT DIAMOND PACKAGING CORP.

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

1. DEBTOR (LAST NAME FIRST) Wrinkle, Donald M.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-1748	
1B. MAILING ADDRESS Box 10548		1C. CITY, STATE Zephyr Cove, NV	1D. ZIP CODE 89448
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 396 Dorla Court		1F. CITY, STATE Zephyr Cove, NV	1G. ZIP CODE 89448
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Rosemary Wrinkle		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-6621	
2B. MAILING ADDRESS same		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) same		2F. CITY, STATE	2G. ZIP CODE
3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY) R. W. Management		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 MAILING ADDRESS CITY STATE ZIP CODE		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME Nevada Banking Company (702) 588-5124 MAILING ADDRESS Box 5700, 229 Kingsbury Grade CITY Stateline STATE Nevada ZIP CODE 89449		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 94-161	

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.

- (1) 4230M Sharp Cash Register #4900079X with communication boards, software cabling, and battery pack for cash register (1) IMB XT Computer and Keyboard #55949125160, (1) Epson 132 column printer #015088.
- (1) Color monitor #0615076, (1) Standby power supply IMB, (1) Static mat, (2) phone moden, and cabling. Moden Numbers 50984 and 50985.

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 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 If Applicable

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

10. _____ (Date) 04/09/ 1985

R. W. Management

By: Donald M. Wrinkle (SIGNATURE(S) OF DEBTOR(S)) (TITLE)

Rosemary Wrinkle

By: NEVADA BANKING COMPANY (NAME OF DEBTOR(S)) (TITLE)

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

06075

REQUESTED BY
Nev. Banking Co.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'85 APR 22 AM 1:57

SUZANNE BEAUDREAU
RECORDER

\$ 5.00 PAID Bh DEPUTY

116323

BOOK **485** PAGE **1739**

11. **Return Copy to**

NAME	Nevada Banking Company
ADDRESS	Box 5700
CITY, STATE AND ZIP	Stateline, NV 89449