

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) Simonetti, Robert L. 1A. SOCIAL SECURITY OR FEDERAL TAX NO. -5259 1B. MAILING ADDRESS 1515 Downs 1C. CITY, STATE Minden, NV 1D. ZIP CODE 89423 1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) same 1F. CITY, STATE 1G. ZIP CODE 2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Simonetti, Donna M. (wife) 2A. SOCIAL SECURITY OR FEDERAL TAX NO. -3283 2B. MAILING ADDRESS 1515 Downs 2C. CITY, STATE Minden, NV 2D. ZIP CODE 89423 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) n/a 3A. FEDERAL TAX NO. 4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY) n/a 4A. CITY, STATE 4B. ZIP CODE 5. SECURED PARTY NAME FRONTIER SAVINGS ASSOCIATION MAILING ADDRESS P.O. BOX 20700 CITY RENO STATE NV ZIP CODE 89515 5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-008-6667 6. ASSIGNEE OF SECURED PARTY (IF ANY) 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 SATELLITE EQUIPMENT

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 [X] if Applicable A [] Proceeds of collateral are also covered B [] Products of collateral are also covered C [] Proceeds of above described original collateral in which a security interest was perfected D [] Collateral was brought into this State subject to security interest in another jurisdiction

9. Check [X] if Applicable [] DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

10. (Date) November 21 1985 Robert L. Simonetti Donna M. Simonetti By: Robert L. Simonetti Donna M. Simonetti SIGNATURE(S) OF DEBTOR(S) (TITLE) FRONTIER SAVINGS ASSOCIATION By: Carmi Cosmos Branch Manager SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

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

06225

REQUESTED BY Frontier Savings Assn. IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

'85 NOV 25 11:11

SUZANNE BEAUDREAU RECORDER

\$ 500 PAID DEPUTY 127382 BOOK 1185 PAGE 2449

11. Return Copy to NAME FRONTIER SAVINGS ASSOCIATION ADDRESS P.O. BOX 20700 CITY, STATE RENO, NV 9515 AND ZIP

THIS SPACE FOR USE OF FILING OFFICER