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 FINAN	CING STATEMENT is presente	ed for filing pursuan	t to the Nevada U	niform Commercial Co	de
. DEBTOR (LAST NAME FIRST)				1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
	INARD MAURICE	14.5			1270
MAILING ADDRESS 925	Ruby Ct	IC.	Carson City	, NV	89701
RESIDENCE ADDRESS (IF AN IN	DIVIDUAL AND DIFFERENT THAN 1.	1F.	CITY, STATE		1G. ZIP CODE
ADDITIONAL DEBTOR (IF ANY)				2A. SOCIAL SECURITY	OR FEDERAL TAX NO.
MAILING ADDRESS		2C.	CITY, STATE		2D, ZIP CODE
RESIDENCE ADDRESS (IF AN IN	DIVIDUAL AND DIFFERENT THAN 2.	2F.	CITY, STATE		2G. ZIP CODE
DEBTOR(S) TRADE NAME OR S	YLE (IF ANY)			3A. FEDERAL TAX	NO.
ADDRESS OF DEBTOR(S) CHIEF	PLACE OF BUSINESS (IF ANY)	4A.	CITY, STATE		48. ZIP CODE
SECURED PARTY				5A, SOCIAL SECURITY NO. OR BANK TRA	NO. FEDERAL TAX NSIT AND A.B.A. NO.
NAME	Nevada Banking Co	mpany		0.4 7 60 45	010
MAILING ADDRESS	P.O. Box 1616			94-161/1	212
CITY ASSIGNEE OF SECURED PARTY	Gardnervillestate (IF ANY)	M	ZIP CODE 894	GA SOCIAL SECURITY	HO., FEDERAL TAX
NAME	*** ******			NO. OR BANK TRA	HSIT AND A.B.A. NO.
MAILING ADDRESS			1	\	
CITY	STATE	< <	ZIP CODE		
ASIGNATURE	OF RECORD OWNER		SMAXIMUM	A AMOUNT OF INDESTEDNE JRED AT ANY ONE TIME (OP	SS TO
TYPE) RECORD	OWNER OF REAL PROPERTY	- \	BE SECU	JRED AT ANY ONE TIME (OP	TIONĀLI
Check X A Proceeds of collateral are also covered	Products of collateral are also covered	original colle	above described ateral in which terest was perfected		ought into this State y interest in another
Check X DEBTOR IS A	TRANSMITTING UTILITY" IN ACCORDANCE	WITH NRS 704,205 AND	NRS 104.9403	<u> </u>	
Applicable .				pace for Use of Filing Officer	
	(Date) <u>Febr</u>	uary 28	_19 <u>_86</u> (Dafe, Tir	me, File Number and Filing O	fficer)
					0625
BV 169	2/17				
SIGNATUREIS	ice Chouinard	(TITLE)		neoueiste	Bankeng Co.
Rv:		ITD (4/		DOUGLAS CO	CURDS OF CHEVADA
SIGNATURE	OF SECURED PARTY (IES)	VP/Manager		'86 MAR 10 AIC) :55
_	Return Copy to				
DRESS P.O.	DA BANKING COMPANY Box 1616	,		SUZAIIME EEA RECORDE	
ty, state Gard ID ZIP	nerville, NV 89410			\$5 PAID St	DEPUTY 131
(1) FILING OFFICER COPY - ALI	PHABETICAL		ВО	OK 386 PAGE 6	53
VIFORM COMMERCIAL CODE-FORM	· · · · · · · · · · · · · · · · · · ·	oved by the Nevada Secretary	of State		FILING FEES SEE INSTRUCTIONS