

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

REORDER FROM SMURFIT DIAMOND BUSINESS FORMS  
 S.F. (15) 420-3800 L.A. (213) 775-1981

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) Manchester Enterprises INC		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 88-0157452	
1B. MAILING ADDRESS P.O. Box 2275		1C. CITY, STATE Stateline, NV	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	
1D. ZIP CODE 89449		1G. ZIP CODE	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2F. CITY, STATE	
2D. ZIP CODE		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		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 94-161/1212	
5. SECURED PARTY NAME Nevada Banking Company MAILING ADDRESS P.O. Box 1616 CITY Gardnerville STATE NV ZIP CODE 89410		6A. 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			

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.

1975 Clark Grader Model 301 Ser #361548

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) May 6 1986

By: [Signature] C MANCHESTER  
 SIGNATURE(S) OF DEBTOR(S) (TITLE)  
 Manchester Enterprises Inc, by:

By: [Signature] [Signature]  
 SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

11. **Return Copy to**

NAME ADDRESS CITY, STATE AND ZIP  
 NEVADA BANKING COMPANY  
 P.O. Box 1616  
 Gardnerville, NV 89410

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

06322

REQUESTED BY  
Nevada Banking Company  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO., NEVADA

'86 MAY -8 AM 12

SUZANNE BEAUDREAU  
 RECORDER

\$ 5.00 PAID [Signature] DEPUTY **134539**

BOOK **586** PAGE **704**

FILING FEES  
 SEE INSTRUCTIONS

THIS SPACE FOR USE OF FILING OFFICER