



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) SIMPSON, CINDY E		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-8330	
1B. MAILING ADDRESS P.O. Box 1841		1C. CITY, STATE Minden, NV	1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 1425 Douglas Ave., #A		1F. CITY, STATE Gardnerville, NV	1G. ZIP CODE 89410
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) OMNES, DARRIN		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-7445	
2B. MAILING ADDRESS Same as above		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) Same as above		2F. CITY, STATE	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 Nevada First Thrift MAILING ADDRESS P.O. Box 1788 CITY Gardnerville STATE NV ZIP CODE 89410		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0132848	
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. HE 5003L Speed Queen Dryer & Plug, SR#S1X146110, HA 5590L Speed Queen Washer SR# 4X054148, & Zenith VCR VR1870 SR#606110C8			
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
9. Check <input checked="" type="checkbox"/> if Applicable	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		DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403	

THIS SPACE FOR USE OF FILING OFFICER

10. _____ (Date) February 24 1987

Cindy E. Simpson
Cindy E. Simpson

By: _____ (TITLE)

Darrin Omnes
Darrin L. Omnes
Lawrance Evans (TITLE) Manager

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

06473

REQUESTED BY
Nevada First Thrift
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

11. Return Copy to

NAME Nevada First Thrift
ADDRESS P.O. Box 1788
CITY, STATE Gardnerville, NV 89410
AND ZIP

'87 MAR -2 AM 11:12

SUZANNE ANDORLAU
RECORDER
\$ 5- PAID. *OK* DEPUTY

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SEE INSTRUCTIONS