

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) HICKEY: Daniel		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-6923	
1B. MAILING ADDRESS P.O. Box 577		1C. CITY, STATE Minden, NV	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 1456 Foothill Rd		1F. CITY, STATE Gardnerville, NV	
1D. ZIP CODE 89423		1G. ZIP CODE 89410	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Laurel Hickey		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-9219	
2B. MAILING ADDRESS P.O. Box 577		2C. CITY, STATE Minden, NV	
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) 1456 Foothill Rd		2F. CITY, STATE Gardnerville, NV	
2D. ZIP CODE 89423		2G. ZIP CODE 89410	
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 Banking Company MAILING ADDRESS P.O. Box 1616 CITY Gardnerville STATE NV ZIP CODE 89410		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 94-161/1210	
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.

John Deere bailer model 216 ser 8471
Fordson tractor ser #149-23-15

7A. _____ SIGNATURE OF RECORD OWNER	7C. <u>5</u> MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)
7B. _____ TYPE OF 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 if Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

10. (Date) 6/19 1987

By: [Signature]
Daniel Hickey (TITLE)

By: [Signature]
Laurel Hickey (TITLE)

By: [Signature]
E.P. O'Grady (TITLE) VP/Manager

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

06521

REQUESTED BY
Nevada Banking Co.
IN OFFICIAL RECORDS OF
DEPT. OF REVENUE

'87 JUN 26 A10:19

SUZANNE BEAUDREAU
RECORDER
\$5.00 PAID. Bh DEPUTY

11. **Return Copy to**

NAME Nevada Banking Company
ADDRESS P.O. Bx 1616
CITY, STATE AND ZIP Gardnerville, NV 89410

THIS SPACE FOR USE OF FILING OFFICER

BOOK 687 PAGE 3325

157207