

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) STRICKLAND, DAVID L.	1A. SOCIAL SECURITY OR FEDERAL TAX NO. ██████████-4056
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1B. MAILING ADDRESS P.O. Box 2981	1C. CITY, STATE STATELINE, NEVADA	1D. ZIP CODE 89449
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1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)	1F. CITY, STATE	1G. ZIP CODE
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2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)	2A. SOCIAL SECURITY OR FEDERAL TAX NO.
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2B. MAILING ADDRESS	2C. CITY, STATE	2D. ZIP CODE
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2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)	2F. CITY, STATE	2G. ZIP CODE
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3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY)	3A. FEDERAL TAX NO.
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4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)	4A. CITY, STATE	4B. ZIP CODE
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5. SECURED PARTY NAME MAILING ADDRESS CITY STATE ZIP CODE	5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
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6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME: NEVADA FIRST THRIFT BANK MAILING ADDRESS: P.O. BOX 1788 CITY: GARDNERVILLE STATE: NEVADA ZIP CODE: 89410	6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0196792
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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 PERSONAL PROPERTY, FURNITURE, OBJECTS OF ART, JEWELRY, FURS, MISCELLANEOUS PROPERTY, AND APPLIANCES UNLESS CONSIDERED FIXTURES LOCATED AT DEBTOR'S RESIDENCE AND/OR OTHER COLLATERAL DESCRIBED AS SET FORTH ON NEVADA FIRST THRIFT BANK FORM SCHEDULE A, DATED AUGUST 21, 1987, PLUS ANY AND ALL ADDITIONS AND SUBSTITUTIONS.

7A. _____ SIGNATURE OF RECORD OWNER	7C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)
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7B. _____ (TYPE) RECORD OWNER OF REAL PROPERTY	7D. _____
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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
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9. Check <input checked="" type="checkbox"/> if Applicable	DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403
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10. (Date) AUGUST 21, 1987

[Signature]
DAVID L. STRICKLAND

By: _____ (TITLE)

By: LARRY S. LUTERICK (TITLE) **MANAGER**

11. **Return Copy to**
 NAME: **NEVADA FIRST THRIFT BANK**
 ADDRESS: **P.O. BOX 1788**
 CITY, STATE AND ZIP: **GARDNERVILLE, NV, 89410**

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

06562

REQUESTED BY
NV First Thrift Bk
IN OFFICIAL RECORDS OF
DEPT OF COMMERCE

'87 SEP -2 A11:16

SUZANNE ST ANDREAU
RECORDER

\$5⁰⁰ PAID *[Signature]* DEPUTY

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987 PAGE 156
BCCA

THIS SPACE FOR USE OF FILING OFFICER