

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) WALSH, ELI		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-6831	
1B. MAILING ADDRESS P.O. BOX 5997		1C. CITY, STATE STATELINE, NV	1D. ZIP CODE 89449
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 1084 MARTIN AVE		1F. CITY, STATE S. LAKE TAHOE, CA	1G. ZIP CODE 95701
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		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 BANK MAILING ADDRESS 2446 HIWAY 50 EAST CITY CARSON CITY STATE NEVADA ZIP CODE 89701		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0132948	
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.

ONE DANKEN HEADBOARD, TWO NITESTANDS, ONE DRESSER, ONE DELTA COMPLETE WATERBED WITH SIX DRAWERS, PEDESTAL, AND ROYAL MATTRESS. *purchase*

7A. _____ SIGNATURE OF RECORD OWNER	7C. S. _____ 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
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9. Check If Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403

10. (Date) 9/17 1987

12. This Space for Use of Filing Officer (Date, Time, File Number and Filing Officer) **06582**

By: *Elizabeth Walsh*
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: *Suzanne Beaudreau*
SIGNATURE(S) OF SECURED PARTY (IES) (TITLE) **Manager**

REQUESTED BY
Nevada First Thrift
IN OFFICIAL RECORDS OF
DEPARTMENT OF REVENUE

'87 SEP 24 A10 :59

SUZANNE BEAUDREAU
RECORDER **162946**

\$5.00 PAID *AL* DEPUTY
BOOK **987** PAGE **3804**
SEE INSTRUCTIONS

11. **Return Copy to**
 [NEVADA FIRST THRIFT BANK 2446 HIWAY 50 E.
 CARSON CITY, NV 89701]

NAME ADDRESS CITY, STATE AND ZIP

THIS SPACE FOR USE OF FILING OFFICER