

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) STAFFEN, Daryl E. & Karen		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-1589	
1B. MAILING ADDRESS 4440 Vickey Ave. Rt 3		1C. CITY, STATE Minden, NV	1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	1G. ZIP CODE
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 Bank MAILING ADDRESS 2446 Hwy 50 East CITY Carson City STATE NV 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 Chaparral Satellite System CC10
One Gensat Satellite System 8' Screen

7A. _____ SIGNATURE OF RECORD OWNER	7C. S _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)
7B. _____ TITLE 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
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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) 12/7 19 87

By: [Signature] DARYL E. STAFFEN (TITLE)

By: [Signature] KAREN STAFFEN (TITLE)

By: [Signature] Lawrance Evans (TITLE) Manager

12. This Space for Use of Filing Officer (Date, Time, File Number and Filing Officer) **06620**

Nevada First Bank
IN CLERK'S OFFICE OF
DOUGLAS CO., NEVADA

'87 DEC 11 A11:23

SUZANNE BEAUDREAU
RECORDER **168508**

\$5- PAID [Signature] DEPUTY
BOOK **1287** PAGE **1622**

11. **Return Copy to**

NAME ADDRESS CITY STATE
Nevada First Bank
2446 Hwy 50 East
Carson city, NV 89701

THIS SPACE FOR USE OF FILING OFFICER