



**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) HORN, GARY L.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-6626	
1B. MAILING ADDRESS 1505 MALAGA DR.		1C. CITY, STATE CARSON CITY, NEVADA	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	
1D. ZIP CODE 89701		1G. ZIP CODE	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) HORN, CHRISTY		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-5490	
2B. MAILING ADDRESS same		2C. CITY, STATE	
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2F. CITY, STATE	
2D. ZIP CODE		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 P.O. BOX 1788 CITY GARDNERVILLE STATE NEVADA ZIP CODE 89410		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0196792	
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.

PORTABLE SPA WITH COVER (VIRGO)

7A. \_\_\_\_\_  
SIGNATURE OF RECORD OWNER

7B. \_\_\_\_\_  
(TYPE) RECORD OWNER OF REAL PROPERTY

7C. \$ \_\_\_\_\_  
MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

8. Check  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) Jan. 8, 1988

By: Gary L. Horn  
GARY L. HORN (TITLE)

By: Christy A. Horn  
CHRISTY HORN (TITLE)

By: Larry S. Lutereck  
LARRY S. LUTERECK (TITLE)

12. This Space for Use of Filing Officer  
(Date, Time, File Number and Filing Officer) 06653

REQUESTED BY  
Nevada First Bank  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

11. **Return Copy to**

NAME  NEVADA FIRST BANK  
ADDRESS P.O. BOX 1788  
CITY, STATE AND ZIP GARDNERVILLE, NV, 89410

'88 JAN 26 P2:58

171449 SUZANNE BEAUDEAU  
RECORDER

BOOK 188 PAGE 3103 \$5.00 PAID Bl DEPUTY

THIS SPACE FOR USE OF FILING OFFICER