

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) KERLEY, THOMAS D.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-7162	
1B. MAILING ADDRESS P.O. Box 221		1C. CITY, STATE Minden, NV	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	
1D. ZIP CODE 89423		1G. ZIP CODE	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) KERLEY, NANCY, L.		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-8461	
2B. MAILING ADDRESS P.O. Box 221		2C. CITY, STATE Minden, NV	
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2F. CITY, STATE	
2D. ZIP CODE 89423		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 BANKING COMPANY MAILING ADDRESS: P.O. Box 1616 CITY: Gardnerville STATE: Nevada ZIP CODE: 89410		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 94/161	
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.

1 Jacuzzi Aqua Flow
 1 speed, 50 GMP

7A. _____ SIGNATURE OF RECORD OWNER		7C. \$ _____ 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		
9. Check <input checked="" type="checkbox"/> if Applicable	<input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403		

10. _____ (Date) December 5, 1988

X _____
 Thomas D. Kerley

By: Nancy L. Kerley
 SIGNATURE(S) OF DEBTOR(S) (TITLE)

NEVADA BANKING COMPANY

By: [Signature] Executive VP
 SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

W. J. Anderson, II

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

06814

REQUESTED BY
Nevada Banking Co.
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

11. **Return Copy to**

NAME: NEVADA BANKING COMPANY
 ADDRESS: P.O. Box 1616
 CITY, STATE AND ZIP: Gardnerville, NV. 89410

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SUZANNE BEAUDREAU
 RECORDER

\$ 6.00 PAID BH DEPUTY

THIS SPACE FOR USE OF FILING OFFICER