



**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) <b>HERNANDEZ, Paul R.</b>		1A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>[REDACTED]-4422</b>	
1B. MAILING ADDRESS <b>PO Box 2953</b>		1C. CITY, STATE <b>Minden, NV</b>	1D. ZIP CODE <b>89423</b>
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) <b>HERNANDEZ, Peggy</b>		2A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>[REDACTED]-2893</b>	
2B. MAILING ADDRESS <b>Same as above</b>		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 <b>Nevada First Bank</b> MAILING ADDRESS <b>PO Box 1788</b> CITY <b>Gardnerville</b> STATE <b>NV</b> ZIP CODE <b>89410</b>		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. <b>88-0196792</b>	
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.

**Northcoast Products - Halfmoon Bay ivory/white w/cover, chemicals, & delivery.  
SN #382085**

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) **4/5** 19 **89**

*Paul R. Hernandez*  
PAUL R. HERNANDEZ

By: \_\_\_\_\_ (TITLE)

*Peggy Hernandez*  
PEGGY HERNANDEZ

By: **L. S. EUBANK** (TITLE) **MANAGER**

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

**06861**

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

11. **Return Copy to**

NAME **NEVADA FIRST BANK**  
ADDRESS **PO BOX 1788**  
CITY, STATE AND ZIP **GARDNERVILLE, NV 89410**

**'89 APR 12 AM 11:18**

**SUZANNE BEAUDREAU**  
RECORDER **200010**

**\$6.00 PAID K12 DEPUTY**  
**BOOK 489 PAGE 1213**

THIS SPACE FOR USE OF FILING OFFICER