

**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) <u>CRIST, ROGER</u>		1A. SOCIAL SECURITY OR FEDERAL TAX NO. <u>██████████ 3256</u>	
1B. MAILING ADDRESS <u>P.O. BOX 17461</u>		1C. CITY, STATE <u>SO. LAKE TAHOE, CA.</u>	
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B)		1F. CITY, STATE	
1D. ZIP CODE <u>95706</u>		1G. ZIP CODE	
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) <u>CRIST, MARIA</u>		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS <u>SAME</u>		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 <u>NEVADA FIRST BANK</u> MAILING ADDRESS <u>P.O. BOX 1788</u> CITY <u>GARDNERVILLE</u> STATE <u>NV.</u> ZIP CODE <u>89410</u>		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. <u>88-0196792</u>	
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
STATE		ZIP CODE	

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.

ADVANCED SPA DESIGN, SERIAL #1-8868003, GRANADA 110/220 and Spa Cover

7A. _____ SIGNATURE OF RECORD OWNER	7C. <u>S</u>
7B. _____ (TYPE) RECORD OWNER OF REAL PROPERTY	MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

B. 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) July 7, 1989

Roger Crist  
ROGER CRIST

By: Maria Crist  
SIGNATURE(S) OF DEBTOR(S) (TITLE)

MARIA CRIST

By: LARRY S. LUTERICK  
SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

MANAGER

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

**06913**

REQUESTED BY  
Nevada First Bank  
IN OFFICIAL RECORDS OF  
DOCUMENTS DIVISION NEVADA

'89 AUG -7 A11:15

SUZANNE L. ABREU  
REG. CLERK **208154**

\$11.00 PAID K12 DEPUTY

BOOK **889** PAGE **871**

FILING FEES  
SEE INSTRUCTIONS

11. **Return Copy to**

NEVADA FIRST BANK  
P.O. BOX 1788  
GARDNERVILLE, NV, 89410

NAME  
ADDRESS  
CITY, STATE  
AND ZIP

THIS SPACE FOR USE OF FILING OFFICER