



**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) WHITE,, Ronald O.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. -9343	
1B. MAILING ADDRESS PO Box 2427		1C. CITY, STATE Gardnerville, NV	1D. ZIP CODE 89410
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 710 Bowles Ln.		1F. CITY, STATE Gardnerville, NV	1G. ZIP CODE 89410
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) WHITE, Linda K.		2A. SOCIAL SECURITY OR FEDERAL TAX NO. -5788	
2B. MAILING ADDRESS Same as above		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B) Same as above		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: PO BOX 1788 CITY: GARDNERVILLE STATE: NV 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.

Kirby Heritage II Ser. #4890119876

7A. _____ SIGNATURE OF RECORD OWNER	7C. S _____ 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) 8/15 19 89

By: Ronald O. White  
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: Linda K. White  
SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: L. 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)

**06951**

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

'89 OCT 11 P12:38

SUZANNE BEAUDREAU  
RECORDER **212745**

\$ 11.00 PAID K12 DEPUTY

11. **Return Copy to**

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

THIS SPACE FOR USE OF FILING OFFICER