	Type form. 2. If space is inadequate continue     State's Office must contain either the debto		Prepaid account number
btor (if individual, last name diana, Inc. 23 Massachusetts Aver wrence, Kansas 66044	nue	Debtor (if individual, last name first	) and address:
43 1490710	or SSN	FEIN	or SSN
cured Party and address (t	here may be more than one): gray area)		For filing officer
UNITED MISSOUR Now Known As: 1010 Grand Ave Kansas City,	UMB BANK, n.a.		PILED FILED POUGLAS COUNT 1990 MAR -2 1 SUE NEUS REGISTER OF
usignee and address if app	licable		014777
XX A. Continuation	inal Financing Statement Number:  The original Financing Statement bearing the above file number is still effective.  The secured Party of record no longer claim security interest under the Financing Stater	Original filing date  D. Assignment	The Secured Party of record has assign the Secured Party's rights in the propert described below under the Financing Statement bearing the above file numbe to the Assignee whose name and addresses shown above.
C. Release	bearing the above file number.  From the Collateral described in the Financing Statement bearing the above file number, the Secured Party of record releases the collateral to	E. Amendment	The Financing Statement bearing the above file number is amended as set to below.
This area is for describing o	hanges.		
		Number of A	dditional Sheets, if any.
			k, n.a. Now Known As: