| - | A Elinne in the Secretary of State's Office must contain a | quate continue on additional sheet. 3. Enclose filing lee. Wher the debtor's federal employer identification number or social security number. |
|---|---|--|
| | | Prepaid account number |
| AC CA 14 | or (if individual, last name first) and address: ICT#010590-0 IPPS,KEN 17 E 15TH LOT 29 WRENCE KS 66044 | Debtor (if individual, last name first) and address: |
| N | or SSN498623154 | FEIN or SSN For filing officer |
| leau (| red Party and address (there may be more than one): Type Information Inside gray area) | |
| | THE ASSOCIATES 2329 S IONA STE C&D | FILED DOUGLAS COUNTY KANSAS |
| | LAWRENCE KS 66046 | 1724 SEP 30 PH 2: 17 |
| | | SUE NEUSTIFTER |
| Lesig | gnee and address if applicable | REGISTER OF DEEDS |
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| | k, if applicable: [] Products of collateral are also co | overed [] The debtor is a transmitting utility |
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