Dobtes (if is dont a dot		heet. 3. Enclose filing fee. yer identification number or social security number.
Debtor (if individual, last name first) and address:	Debtor (if individu	Prepaid account number
CIMARRON PARTNERS, A KANSAS GENERAL Partnership		
PO BOX 3536 LAWRENCE, KS 66046		
N 4 8-1 0 8 6 7 8 7 or SSN	FEIN	or SSN
Secured Party and address (there may be more than one): (Type information inside gray area)		9011739
BANK IV, N.A.		Telle
P.O. BOX 88		INS CO
534 S. KANBAS		ST SUSLAS CO. THE
TOPERA, KS 66601-0088		7 DEC 71995
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ssignee and address if applicable		STREATER OF OF
		ATTUTTO
		12:20 P.A
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	and the second s	
) This financing statement covers the following types (or items) of p 11 goods, including furniture and fixtur cquired, together with all replacements, ubstitutions and accessions to all of th hereof, including insurance payable by r he collateral.	es now existing accessories, a te foregoing, an eason of loss o	dditions, d all proceeds r damage to
collateral is crops, the above described crops are growing or are to		
applicable, the above (goods are to become fixtures on:) (timber is	standing on:) (minerals o	r the like, including oil and gas, or accounts will be
applicable, the above (goods are to become fixtures on:) (timber is ed at the wellhead or minehead of the well or mine located on:) (Lo	egal description of real es	itate)
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