Uniform Commercial Code — Financing Statement — Form UCC-1
1. Type form. 2. If space is inadequate continue on additional sheet. 3. Enclose filing fee.
4. Filings in the Secretary of State's Office must contain either the debtor's federal employer identification number or social security number.

Debtor (if individual, last name first) and address: ACCT # 010171-1	Debtor (if individual, last	Prepaid account number Debtor (if individual, last name first) and address:	
COLEMAN, CHELDON E			
2512 MOUNDVIEW LAWRENCE KS 66046			
N or SSN 68 8551	FEIN	or SSN	
Secured Party and address (there may be more than one):		For filing officer	
(Type Information incide gray area)			
THE ASSOCIATES			
2329 S IOWA STE C&D		FILED DOUGLAS COUNTY KANSAS	
LAWRENCE KS 66046			
		1994 SEP -9 PM 1: 46	
Assignee and address if applicable		SUE NEUSTIFTER REGISTER OF DEEDS	
		NEUTOTEN OF DEEDO	
		9009354	
a) This financing statement covers the following types (or items) of pr SEE ATTACHED SCHEDULE "A"	operty: (Describe)		
Manufacture in the second seco			
M collateral is crops, the above described crops are growing or are to	be grown on: (Describe real of	istale)	
If applicable, the above (goods are to be come fixtures on:) (timber is	standing on:) (minerals or the li	ike including oil and gae or accounts will bu	
noed at the wellhead or minehead of the well or mine located on:) (Li			
ne of record owner:			
filing without debtor signature items a, b, c or d must be marked:			
a. [] Collateral already subject to a security interest in anoth location is changed to this state.	er jurisdiction when it was brou	ight into this state, or when the debtor's	
 b. [] Collateral is proceeds of the original collateral in which c. [] Collateral as to which the filing has lapsed. 			
of [] The filing covers or lateral acquired after a change of r	ame identity or corporate struc	ture of debtor	
11/15/01		VA V.	
Signature of Debtor	Signature	of Secured Party (or assignee)	