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 or social security number. When the debtor is a sole proprietor, only the debtor's social security number is authorized to be filed.

	Prepaid account number
obtor (if individual, last name first) and address:	Debtor (if individual, last name first) and address:
REGGIE E. COLLINS	
2202 F0410	
3323 IOWA LAWRENCE, KS. 66047	
LAWRENCE, KS. 66017	
or SSN 510-74-8221	FEIN ar SSN
	9012114
cured Party and address (there may be more than one):	7012114
(Type information inside gray area)	
	F'LED
	DOUGLAS COUNTY KANSAS
Commerce Bank & Trust	1996 MAR -6 PH 1: 28
3035 STopeka Topeka, KS 66611	
	SUE NEUSTIFIER
	REGISTER OF DEEDS
gnee and address if applicable	
	CATRY 300 EX KINIXIX ID#JH3TE1903TK101701
nced at the wellhead or minehead of the well or mine located on:) (L4	standing on:) (minerals or the like, including oil and gas, or accounts agai description of real estate)
ne of record owner:	
location is changed to this state.	ner jurisdiction when it was brought into this state, or when the debtor
b. [] Collateral is proceeds of the original collateral in which c. [] Collateral as to which the filling has lapsed. d. [] The filling covers collateral acquired after a change of n	
	Commerce Bank & Trust
(1) MIIO	1 1080 X 2000
Kugga John.	Signature of Society of Party for againment
GIE E. COLLINS	Signature of Secured Party (or assignee)
HE E. COLUINS	
	Signature of Secured Party (or assignee)
Signature of Debtor	CIMIGMIA AL CACALOS I OR IL IA MANINA