		cial Code – Statement of Conti 1. Type form. 2. If space is inadequate con etary of State's Office must contain either the de	inue on additional sheet	e, Amendment, Etc. – Form UCC-2 3. Enclose filing fee. dentification number or social security number.
				Prepaid account number
CONRA 616 A	findividual, last na D, Edna J. Trizona Ince, KS 66	me first) and address:	Debtor (if individual, last name first) and address:	
FEIN		or SSN <u>5 1 4 - 2 2 - 7 0 8 9</u>	FEIN	or SSN
	Party and address information inside	(there may be more than one): gray area)	•	For filing officer
BANK IV Kansas, N.A. sucessor by merg to BANK IV Kansas City, N.A.			ger	= _E0
100 East Santa Fe, P.O. Box 400 Olathe, KS 66061-0400				1995 JUL-7 PM 2: 24
4. This state	ment refers to Orig	ginal Financing Statement Number:90011	.59 Original fi	010967 iling date 08.07/90 Filed with Douglas Co
Market and	Continuation Termination	The original Financing Statement bearing the above file number is still effective. The Secured Party of record no longer claims	D. Assign	
		security interest under the Financing Statemer bearing the above file number.		to the Assignee whose name and address are shown above.
c.	Release	From the Collateral described in the Financing Statement bearing the above file number, the Secured Party of record releases the collateral		The Financing Statement bearing the above file number is amended as set fortibelow.
5. This area is	s for describing ch	anges.		umber of Additional Sheets, if any

Signature of Debtor(s)