(a) DEBTOR NAME & ADDRESS (If an Individua	al, type last name first.)	1.(b) DEBTOR NAME & ADDRESS (If an individual, type last name first.)
CRAIG, STEPHEN J. 712 PRESTWICK AWRENCE, KS 66047		
N (Federal Employer Ident, No.) SSN (So OR 497–5 4	ocial Security No.) 50-4328	FEIN (Federal Employer Ident. No.) SSN (Social Security No.) OR
SECURED PARTIES & ADDRESSES (Type Inside sha		For Filing Officer Use Only 9012256
CAPITAL CITY BANK		
3710 \$W TOPEKA BLVD PO BOX 1433 TOPEKA, K\$ 66609		FILED DOUGLAS COUNTY KANSAS
TOPEKA, KS 66609		
		1996 MAR 28 AM 11: 49
		SHE NEUSTIFTER
3. ASSIGNEES & ADDRESSES If applicable (Type Inside shaded box below)		REGISTER OF DEEDS
Check Box, if Applicable	The Debtor is a transmiting	utility
X Products of Collateral are also covered. (a) This Financing Statement covers the following type 946 BEECH MODEL G-17-S, FAA appliances, spare parts, propellers, a focuments and general intangibles	A Registration Number and together with all rig related thereto or arisi	elow : N80321, Serial Number: B-20, together with all avion ghts, rents, proceeds, accounts, contract rights, chattel pay ng therefrom: whether any of the foregoing is owned now
X Products of Collateral are also covered. (a) This Financing Statement covers the following type 946 BEECH MODEL G-17-S, FAA appliances, spare parts, propellers, a bocuments and general intangibles accurred later: all accessions addit	A Registration Number and together with all rig related thereto or arisi tions, replacements, ar egoing; all proceeds re	elow N80321, Serial Number; B-20, together with all avion
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