

STATE OF KANSAS
UNIFORM COMMERCIAL CODE - STATEMENTS OF CONTINUATION, RELEASE, ASSIGNMENT, ETC. - FORM K-UCC-2

INSTRUCTIONS

1. Please type this form. Fold only along perforation for mailing.
2. Remove Secured Party and Debtor copies and send other 3 copies with interleaved carbon paper to the filing officer, marked ATTENTION: UCC.
3. Enclose filing fee.
4. If the space provided for any item(s) on the form is inadequate, this item(s) should be continued on additional sheets, preferably 8" x 5".
5. At the time of filing, filing officer should return third copy as an acknowledgement.

This STATEMENT is presented to a filing officer for filing pursuant to the Uniform Commercial Code:

9013011

1. Debtor(s) (Last Name first) and address(es) CRITICARE HOME HEALTH SERVICES 1006 WEST 6TH ST LAWRENCE, KS 66044 48-1098525	2. Secured Party(ies) (or assignee and address(es)) DOUGLAS COUNTY BANK P. O. BOX 429 9th & KENTUCKY LAWRENCE, KS 66044	For Filing Officer: (Date, Time, Number and Filing Office) FILED DOUGLAS COUNTY KANSAS 1996 AUG 26 PM 3:47
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3. This statement refers to original Financing Statement bearing File No. 9003691
Filed with DC CO REG OF DEEDS Date Filed 12/23/1991 19

4. ☒ A. Continuation The original Financing Statement bearing the above file number is still effective.
- ☐ B. Termination The Secured Party of record no longer claims a security interest under the Financing Statement bearing the above file number.
- ☐ C. Release From the collateral described in the Financing Statement bearing the above file number the Secured Party of record releases the collateral below.
- ☐ D. Assignment The Secured Party of Record has assigned the Secured Party's rights in the property described below under the Financing Statement bearing the above file number to the Assignee whose name and address are shown below.
- ☐ E. Amendment The Financing Statement bearing the above file number is amended as set forth below:

5. This area for description of collateral, release, collateral if assigned, amendment, or description of real estate, if necessary.

DOUGLAS COUNTY BANK

By: _____
(Signature(s) of Debtor(s) (necessary only if Item E is applicable))

By: Cheri Blankenship
Signature(s) of Secured Party (or assignee)

FORM K-UCC-2-KANSAS UNIFORM COMMERCIAL CODE

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