Uniform Commercial Code — Financing Statement — Form UCC-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

. Debtor (if individual, last name first) and ad	dress:	Debtor (if individual, last	name first) and address:
DAVIS, CYNTHIA L.			
1600 HASKELL #189			
LAWRENCE, KANSAS 66044			
N ar SSN 💆	15-24-2812	FEIN	or SSN
			For filing officer
Secured Party and address (there may be more than one): (Type information inside gray area)			9011145
(Type unermaten mace grey easy,		D	Olici re comi
			OULAS COUNTY STASAS
HANNA'S APPLIANO			995 AUG 18 AN II: 21
933 MASSACHUSETT LAWRENCE, KANSAS			
ERWEINGE, ALEGED		R_{l}	EGISTER OF DEEDS
Assignee and address if applicable			
. Mark, if applicable: [] Products of	collateral are also covered	[] The debtor is a tra	ansmitting utility
(a) This financing statement covers the fo		operty: (Describe)	
			1 # 60HF7962
USED FRIGIDAIRE AIR C	ONDITIONER MODEL	# AllMater Sekia	E W OORE 7502
) If collateral is crops, the above described	d crops are growing or are to	be grown on: (Describe rea	al estate)
a) If applicable the above (goods are to be	come fixtures on:) (timber is	standing on:) (minerals or th	ne like, including oil and gas, or accounts will be
nanced at the wellhead or minehead of the	well or mine located on:) (I	egal description of real es	tate)
lame of record owner:			
3. If filing without debtor signature items a,	o, c or d must be marked:	ther instendiction when it was h	prought into this state, or when the debtor's
la antica is changed to th	e etato		
b [] Collateral is proceeds of	the original collateral in which	h a security interest was perf	ected 6
c. [] Collateral as to which the d. [] The filing covers collaters	filing has lapsed. al acquired after a change of	name identity or corporate st	tructure of debtor
d. [] 110 mmg			11.
			Lange 1
Signature of De	htor	Signa	ature of Secured Party (or assignee)
Signature of De			10111
Carlia Day	0-8-9	5	1 Staura
Signature of De		Signa	ature of Secured Party (or assignee)

Form UCC-1 Form approved by Kansas Secretary of State

Copy Center of Topeka, Inc. 607 S.E. Quincy Topeka, KS 66603