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.

Preceid account number Debtor (if individual, last name first) and address: 1. Debtor (if individual, last name first) and address: DAVIS, LILY 1908 E 1400 ROAD LAWRENCE, KANSAS 66046 or SSN FEIN or SSN FEIN For filing office 2. Secured Party and address (there may be more than one): (Type information inside gray area) HANNA'S APPLIANCE 933 MASSACHUSETTS LAWRENCE, KANSAS 66044 3. Assignee and address if applicable [] The debtor is a transmitting utility] Products of collateral are also covered 4. Mark, if applicable: 5. (a) This financing statement covers the following types (or items) of property: (Describe) FRIGIDAIRE AIR CONDITIONER MODEL # FAL106W1A2 SERIAL # JK51104740 (b) If collateral is crops, the above described crops are growing or are to be grown on: (Describe real estate) (c) If applicable, the above (goods are to be come fixtures on:) (timber is standing on:) (minerals or the like, including oil and gas, or accounts will be financed at the wellhead or minehead of the well or mine located on:) (Legal description of real estate) Name of record owner: 6. If filing without debtor signature items a, b, c or d must be marked: a. [] Colleteral already subject to a security interest in another jurisdiction when it was brought into this state, or when the debtor's 600 CK location is changed to this state.] Collateral is proceeds of the original collateral in which a security interest was perfected 1 Collateral as to which the filing has lapsed. d. [] The filing covers collateral acquired after a change of name identity or corporate structure of debtor Signature of Debtor Kify Davis Signature of Debtor

Signature of Secured Party (or assignee)

Form UCC-1 Form approved by Kansas Secretary of State