		ntification number or social security number. Preceid account number
	Debtor (if individual, la	ast name first) and address:
tor (if individual, last name first) and address:		
Dyal	Gnagy, All	สก
ssouri Street		
юе, Ks 66044		
or SSN349 42 6696	FEIN	or SSN 42_ 8467
		For filing officer
cured Party and address (there may be more than one): (Type Information Inside gray area)		
EXTERNEFICIAL KANSAS INC.		FLED
3300 West 15th Street Ste 4		COLAS COUNTY ISA
Lawrence, Ks 66049	all the second s	1996 SEP 19 DU 10. 55
		REGISTED CO
Assignee and address if applicable		REGISTER OF DEEDS
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