5. When the debtor is a sole proprietor, o		Prepaid account number	
ebtor (if individual, last name first) and address:	Debtor (if individu	ual, last name first) and address:	
ACCT#011270-2	ERICKS	ON, MICHELLE	
FRYE, JOE		X8TH 517 N 8th	
517 N 8TH		LAWRENCE KS 66044	
LAWRENCE KS 66044			
or SSN514 - 66 - 3894	4 FEIN	or SSN _ 510- 76- 6011	
		For filing officer	
cured Party and address (there may be more than one):		9 011252	
(Type information inside gray area)		F ED	
THE ASSOCIATES		1995 SEP 11 1: 1:	
2329 S IOWA STE C&D LAWRENCE KS 66046			
		T to shour before	
anee and address if applicable			
This financing statement covers the following types (or iter	ns) of property: (Describe)	or is a transmitting utility	
This financing statement covers the following types (or iter 1989 JET SKI ID NO ZZN05836139 If collateral is crops, the above described crops are growing to facelicable, the above (goods are to become fixtures on:) (f	ns) of property: (Describe) 989 or are to be grown on: (Desc timber is standing on:) (minera	ribe real estate) als or the like, including oil and gas, or accounts w	
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