		nent — Form UCC-1
 Type form. 2. If space is inadequate of 4. Filings in the Secretary of State's Office must contain <i>either</i> the 5. When the debtor is a sole proprietor, only the 	e debtor's federal employe	r identification number or social security number.
. Debtor (if individual, last name first) and address: ACCT#011082-3 WIGINGTON, DEBRA A 1900 W 31ST LOT D20 LAWRENCE KS 66046	Debtor (if individua FAULX,MAD 1609 N 13 LAWRENCE 1) JULI HICK
EIN or SSN _515 _64 _0575	FEIN	or SSN <u>400</u> 42 <u>9703</u>
Secured Party and address (there may be more than one): (Type Information Inside gray area)		For filing officer
THE ASSOCIATES 2329 S IOWA STE ORD LAWRENCE KS 66046		195 MAY 30 Fil 2: 50
3. Assignee and address <i>il applicable</i>		REGISTER OF DEEDS
		9010788
5. (a) This financing statement covers the following types (or items) of pro SEE ATTACHED SCHEDULE "A"	operty: (Describe)	
b) <i>If collateral is crops</i> , the above described crops are growing or are to b	be grown on: (Describe	e real estate)
c) <i>If applicable</i> , the above (goods are to become fixtures on:) (timber is s inanced at the wellhead or minehead of the well or mine located on:) (L	standing on:) (minerals c .egal description of rea	or the like, including oil and gas, or accounts will be Il estate)
lame of record owner:		
 If filing without debtor signature items a, b, c or d must be marked: a. [] Collateral already subject to a security interest in anoth location is changed to this state. b. [] Collateral is proceeds of the original collateral in which 	a security interest was p	perfected
c. [] Collateral as to which the filing has lapsed. d. [] The filing covers collateral acquired after a change of n	ane lostialy of corporati	
c. [] Collateral as to which the filing has lapsed.		inature of Secured Party (or assignee)