

*Account Filing*

STATE OF KANSAS  
UNIFORM COMMERCIAL CODE - STATEMENTS OF CONTINUATION, RELEASE, ASSIGNMENT, ETC. - FORM K-UCC-2

INSTRUCTIONS

1. Please type this form. Fold only along perforation for mailing.
2. Remove Secured Party and Debtor copies and send other 3 copies with interleaved carbon paper to the filing officer, marked ATTENTION: UCC.
3. Enclose filing fee.
4. If the space provided for any item(s) on the form is inadequate, this item(s) should be continued on additional sheets, preferably 8" x 5".
5. At the time of filing, filing officer should return third copy as an acknowledgement.

This STATEMENT is presented to a filing officer for filing pursuant to the Uniform Commercial Code:

1. Debtor(s) (Last Name first) and address(es)  BURT, RONALD J. BURT, NANCY LEE d/b/a FIRST MED OF LAWRENCE 2323 RIDGE COURT #2B LAWRENCE, KS 66046 *Social Security Number(s) listed below	2. Secured Party(ies) (or assignee and address(es))  Douglas County Bank 9th and Kentucky P. O. Box 429 Lawrence, KS 66044	For Filing Officer: (Date, Time, Number and Filing Office) <p style="font-size: 24pt; text-align: center;">9012401</p> <p style="text-align: center;">FILED DOUGLAS COUNTY KANSAS</p>
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3. This statement refers to original Financing Statement bearing File No. 9006653 1996 APR 17 AM 11:14  
 Filed with DOUGLAS COUNTY Date Filed MAY 17 19 93

4.  A. Continuation The original Financing Statement bearing the above file number is still effective.
- B. Termination The Secured Party of record no longer claims a security interest under the Financing Statement bearing the above file number.
- C. Release From the collateral described in the Financing Statement bearing the above file number the Secured Party of record releases the collateral below.
- D. Assignment The Secured Party of Record has assigned the Secured Party's rights in the property described below under the Financing Statement bearing the above file number to the Assignee whose name and address are shown below.
- E. Amendment The Financing Statement bearing the above file number is amended as set forth below:

5. This area for description of collateral, release, collateral if assigned, amendment, or description of real estate, if necessary.  
 \*Social Security/Tax ID Number(s): BURT, RONALD J., 515-44-0597; BURT, NANCY LEE, 339-42-7921; d/ba FIRST MED OF LAWRENCE 515-44-0597

PLEASE CHANGE DEBTOR NAME TO: FIRST MED P.A. (48-1161614)

RONALD J. BURT _____ By: <input checked="" type="checkbox"/> <i>Ronald J. Burt</i> _____ (Signature(s) of Debtor(s) (necessary only if item E is applicable)) <input checked="" type="checkbox"/> <i>Nancy Lee Burt</i> _____	Douglas County Bank 9th and Kentucky _____ By: <i>Cheri Blackshio</i> _____ Signature(s) of Secured Party (or assignee)
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