Type form. 2, if space is inadequate continue on additional sheet, 3, Enclose filling fee.
 Fillings in the Secretary of State's Office must contain either the debtor's federal employer identification number or social security number.

	Prepaid account number
Debtor (if individual, last name first) and address:	Debtor (if individual, last name first) and address:
REEMAN, DAVID	FITE, CLEON
006 OVERLAND CIRCLE	3906 OVERLAND CIRCLE
AWRENCE, KS. 66049	LAWRENCE, KS. 66049
FEIN or SSN 5 1 3-7 8-9 4 5 6	FEIN or SSN 4 2 9-9 0 6 4 5 5
	For filing officer
Secured Party and address (there may be more than one): (Type information inside gray area)	
BOATMEN'S FIRST NATIONAL OF KANS	SAS CITY = LED
P.O. BOX 419038	Sand to San the sec
KANSAS CITY, MO. 64183	
KANDAD CITT, NO. 04103	1994 Juni 27 AM 10:45
	SUE AUGS AF FER
	REGISTER OF DEEDS
3. Assignee and address if applicable	
	9008933
	9 000
4. Mark, if applicable: [] Products of collateral are also covered 5. (a) This financing statement covers the following types (or items) of prop 4. MARIAH 202 SHABAH MAB0552E494 4. HERITAGE BT20T40 4APBT2028R1000053 4. MERCRUISER 5. OLX #0F265807 (b) If collateral is crops, the above described crops are growing or are to be	
(c) If applicable, the above (goods are to be come fixtures on:) (timber is single financed at the wellhead or minehead of the well or mine located on:) (Leg	tanding on:) (minerals or the like, including oil and gas, or accounts will be
Name of record owner:	
6. If filing without debtor signature items a, b, c or d must be marked: a. [] Collateral already subject to a security interest in another location is changed to this state. b. [] Collateral is proceeds of the original collateral in which a c. [] Collateral as to which the filing has lapsed. d. [] The filing covers collateral acquired after a change of national contents.	
0 1/2	Boatmens first National Ban
Signature of Debtor	Signature of Secured Party (or assignee)
X (Com Fit	WMB4 Moletran Mading.
Signature of Dobber	Signature of Secured Party (or assigned)

FILING OFFICER COFY Form UCC-1 Form approved by Kansas Secretary of State