## STATE OF KANSAS - SEND THREE PARTS TO FILING OFFICER WITH CARBON

Uniform Commercial Code - Financing Statement - Form UCC- 1

1. Type form. 2. If space is inadequate continue on additional sheet. 3. Enclose filing fee.

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2. Type for Prepaid account number 2542

"When the debtor is a sole propriate		lest name first) and address:
OR COUNTY FILING	Debtor (if individual, last name first) and address:	
Debtor (it individual, last name first) and address:  PLORY, CARL E.  1024 N. 700 ROAD  BALDWIN, KS	PLORY, VELMA D. 1024 N. 700 ROAD BALDWIN, KS 66006	
66006		or SSN 511-46-3401
or SSN 509-50-2775	FEIN	For filing officer
EIN		9013676
. Secured Party and address (there may be more than one):  (Type information inside gray area)		FILED DOUGLAS COUNTY KANSAS
Mercantile Bank 900 Massachusetts Lawrence, KS		1997 MAR -7 PM 1:50
66044		SUL NEUSTIFTER REGISTER OF BEEDS
3. Assignee and address if applicable		
4. Mark, if applicable: ( 2 )  5. (a) This financing statement covers the following types (or items)  SEE ATTACHMENT C.		ribe real estate)
(b) If collateral is crops, the above described crops are growing or	are to be grown on. (besc	
SEE ATTACHMENT C.		in the
(c) If applicable, the above (goods are to be come fixtures on:) (tine financed at the wellhead or minehead of the well or mine located	mber is standing on:) (mine on:) ( <b>Legal description</b> of	rals or the like, including oil and gas, or accounts will be real estate)
CARL E. FLORY		
6. If filing without debtor signature items a, b, c or d must be ma	arked:	t was brought into this state, or when the debtor's
a. [] Collateral already subject to a second already subje		
b. [ ] Collateral is proceeds of the original collateral in c. [ ] Collateral as to which the filing has lapsed d. [ ] The filing covers collateral acquired after a chan	nge of name identity or corp	orate structure of debtor
Coul Follow of Deptor		Signature of Secured Party (or assignee)
Signature of Debtor		Signature of Secured Party (or assignee)
Luco 1 Earn	n approved by Kansas Se	cretary of State
Form ucc. 1 Town	FILING OFFICER	COPY Rev. 6-93