Uniform Commercial Code — Financing Statement — Form UCC-1

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

4. Filings in the Secretary of State's Office must contain either the debtor's federal employer identification number or social security number. Secretary of State's Office must contain either the debtor's federal employer identification manner or social security number is authorized to be filed.

Prepaid account number

1. Debtor (if individual, last name first) and address: ACCT#011398-3	Debtor (if individual, last name first) and address:	
FRAZIER, CONSTANCE 1012 IONA ST LAWRENCE KS 66044		
FEIN or SSN499 _56 - 9501	FEIN	or SSN
2. Secured Party and address (there may be more than one): (Type Information Inside gray area) THE ASSOCIATES 2329 S IOWA STE C&D LAWRENCE KS 66046		POLICES FRUEDO DOCTOR OCCUPATION AND ASSETTING A STRUCTURE OCCUPATION AND ASSETTING A
4. Mark, if applicable: Products of collateral are also covered 5. (a) This financing statement covers the following types (or items) of products of collateral are also covered.		or is a transmitting utility
SEE ATTACHED SCHEDULE "A" (b) If collateral is crops, the above described crops are growing or are to the collateral is crops.	be grown on: (Desc	ribe real estate)
(c) If applicable, the above (goods are to become fixtures on:) (timber is sinanced at the wellhead or minehead of the well or mine located on:) (L		
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 anoth location is changed to this state. b. [] Collateral is proceeds of the original collateral in which c. [] Collateral as to which the filing has lapsed. d. [] The filing covers collateral acquired after a change of n	a security interest w	as perfected
Constance of Debtor Tragues	10	Signature of Secured Party (or assignee)
Signature of Debtor		Signature of Secured Party (or assignee)