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.

	Prepaid account number	
Debtor (if individual, last name first) and address:	Debtor (if individual, last name first) and address: MILITED M FREMAN TRISITE OF THE MILITED M FREMAN TRISITE FREEMAN, MILIORED M 3810 OVERLAND DRIVE	
CARL LOW PROVING CARLY EDEEMAN		
SARA LOU BROWN, GARY FREEMAN , 3810 OVERLAND DRIVE		
LAWRENCE, KS 66049	LAWRENCE, I	66049
	FEIN -	or SSN
FEIN or SSN 2. Secured Party and address (there may be more than one):		For filing officer
(Type information inside gray area)		511.50
		FILED DOMELAS potentamentes e
FIRST SAVINGS BANK, F.S.B.		
701 POYNIZ AVENUE		1994 JUL -8 FH 3: 16
MANHATIAN, KS 66502		ei
3. Assignee and address if applicable		SUE LEUSTIFTER
		REGISTER OF DEEDS
		Oggongo
		9009007
PERSONAL PROPERTY AND FIXTURES OF WHATSOE LIMITATION, ALL REFRIGATORS, RANGES, HOOL (b) If collateral is crops, the above described crops are growing or	S, GARDADE DIDIOCE	
(c) If applicable, the above (goods are to become fixtures on:) (ti financed at the wellhead or minehead of the well or mine located and DITTON, CITY OF LAWRENCE, DOUGLAS COUNTY, Name of record owner: CARY FREEMAN, SARALOU BROWN	IY. KANSAS	
6. If filing without debtor signature items a, b, c or d must be man		
a. Collateral already subject to a security interest		n it was brought into this state, or when the debtor's
location is changed to this state. b. Collateral is proceeds of the original collateral in	which a security interest wa	s perfected.
c. Collateral as to which the filing has lapsed.		
d. The filing covers collateral acquired after a chan	ige of name identity or corpor	rate structure of debtor.
Signature of Debtor	Ju	Signature of Secured Party (or assignee)
GARY FREEMAN , SARA LOU BROWN		
Signature of Debtor		Signature of Secured Party (or assignee)
MILDRED M FREEMAN & MILDRED M FREEMAN, TRUSTE MILDRED M FREEMAN TRUST	1 Form Approved by Kansas	Secretary of State
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