## 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
ACCT#010568-4 GAINES,ORRIN 1205 E 26TH ST LAWRENCE KS 66046	t name first) and address:	Debtor (if in	dividual, last name first) <b>and address</b> :
EN	or SSN <u>446</u> 78 6975	FEIN	or SSN
. Secured Party and addr (Type information i	ess (there may be more than one): inside gray area)		For filing officer
THE ASSOCI	ATTES		FILED
2329 S IOWA STE C&D LAWRENCE KS 66046			DOUGLAS COUNTY MANSAS
LAWRENCE R	3,000		1994 SEP 15 PH 1: 52
			SUE REUSTIFTER LAND
3. Assignee and address if applicable			REGISTER OF DEEDS
			Opposed
			9069391
t. Mark, if applicable: [	] Products of ∞liateral are also covere	ed []The d	ebtor is a transmitting utility
	nent covers the following types (or items) o  ED SCHEDULE "A"	f property: (Describe	
b) <i>H collateral is crops</i> , the	e above described crops are growing or are	e to be grown on: (D	escribe real estate)
nanced at the wellhead o	r (goods are to be come fixtures on:) (timbe r minehead of the well or mine located on:)	r is standing on:) (mi (Legal description	nerals or the like, including oil and gas, or accounts will be of real estate)
a. [ ] Collater location b. [ ] Collater c. [ ] Collater	gnature nems a, b, c or o must be marked, al already subject to a security interest in an is changed to this state, al is proceeds of the original collateral in what al as to which the filing has lapsed, g covers collateral acquired after a change	hich a security intere	
			ρ.
× On	Signature of Debtor	- 0	Signature of Secured Party (or assignee)
			,
	Signature of Debtor		Signature of Secured Party (or assignee)