Uniform Commercial Code — Financing Statement — Form UCC-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: 1. Debtor (if individual, last name first) and address: ACCT#010846-4

GRANT, LESLIE 211 W 11TH ST EUDORA KS 66025 or SSN FEIN 510 - 66 0359 or SSN FEIN For filling officer

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

3. Assignee and address if applicable

(1010059

- [] The debtor is a transmitting utility 4. Mark, if applicable: [] Products of collateral are also covered
- 5. (a) This financing statement covers the following types (or items) of property: (Describe)

SEE ATTACHED SCHEDULE "A"

- (b) If collateral is crops, the above described crops are growing or are to be grown on: (Describe real estate)
- (c) If applicable, the above (goods are to be come fixtures on:) (timber is standing on:) (minerals or the like, including oil and gas, or accounts will be financed at the wealthead or minehead of the well or mine located on:) (Legal description of real estate)

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 jurisdiction when it was brought into this state, or when the debtor's
 - location is changed to this state. Collateral is proceeds of the original collateral in which a security interest was perfected b. 1
 - Collateral as to which the filling has lapsed.
 - d. [] The filing covers collateral acquired after a change of name identity or corporate structure of debtor

Signature of Secured Party (or assigned)

Signature of Secured Party (or assignee) Signature of Debtor