

# Uniform Commercial Code — Statement of Continuation, Release, Amendment, Etc. — Form UCC-2

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 \_\_\_\_\_

1. Debtor (if individual, last name first) and address:

Kroeger Country Store #197  
County Road 1029  
LeCompton KS 66050

Debtor (if individual, last name first) and address:

FEIN 48-1035507 or SSN \_\_\_\_\_

FEIN \_\_\_\_\_

or SSN \_\_\_\_\_

2. Secured Party and address (there may be more than one):  
(Type information inside gray area)

AFFILIATED FOODS, INC.

PO BOX 938

ST JOSEPH MO 64502

For filing officer

FILED  
DOUGLAS COUNTY KANSAS  
1990 FEB 13 PM 12:55  
SUSAN M. HILLEN  
REGISTER OF DEEDS

9014734

3. Assignee and address if applicable

4. This statement refers to Original Financing Statement Number: 000696

Original filing date 3/4/88 Filed with REGISTER

5. ☒ A. Continuation The original Financing Statement bearing the above file number is still effective.

☐ B. Termination The secured Party of record no longer claims a security interest under the Financing Statement bearing the above file number.

☐ C. Release From the Collateral described in the Financing Statement bearing the above file number, the Secured Party of record releases the collateral below.

☐ D. Assignment The Secured Party of record has assigned the Secured Party's rights in the property described below under the Financing Statement bearing the above file number to the Assignee whose name and address are shown above.

☐ E. Amendment The Financing Statement bearing the above file number is amended as set forth below.

6. This area is for describing changes.

Number of Additional Sheets, if any. \_\_\_\_\_

AFFILIATED FOODS, INC.

Signature of Debtor(s)

(Necessary if any amendment changes the classification or the value of collateral)

Signature(s) of Secured Party (ies) TIM FRANKEN  
TREASURER

Form UCC-2 Form approved by Kansas Secretary of State

(1) FILING OFFICER COPY