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: AOCT#010115-4	Debtor (if individual	Debtor (if individual, last name first) and address:	
LEWIS, WARNER 417 JANE CT			
LAWRENCE KS 66049			
EIN or SSN512 _50 _0307	FEIN	or SSN	
2. Secured Party and address (there may be more than one): (Type information inside gray area) THE ASSOCIATES 2829 2329 S IOWA STE C&D		For filing officer 9007738	
LAHRENCE KS 66046 Assignee and address if applicable		ON THE ED OF FILED	
		DEC 0 1 1993 OEC 0 1 1993 OEC 0 1 1993	
Mark, if applicable: [] Products of collateral are also covere (a) This financing statement covers the following types (or items) of		a transmitting utility	
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 nanced at the wellhead or minehead of the well or mine located on:)	is standing on:) (minerals of teal	or the like, including oil and gas, or accounts will be estate)	
lame of record owner:			
a. [] Collateral already subject to a security interest in an location is changed to this state. b. [] Collateral is proceeds of the original collateral in which the filling has lapsed. d. [] The filling covers collateral acquired after a change of the control of the con	ich a security interest was p	perfected	
hata		Mendifice	
Signature of Debtor	Si	gnathre of Secured Party (& assignee)	
Signature of Debtor	Si	gnature of Secured Party (or assignee)	