1. Debtor(s) (Last Name First) and address(es)		nercial Code:
MASONER, TIM H. 1010 LOCUST EUDORA, KANSAS 66025	2. Secured Party(ies) (or assignee and add HANNAS' 933 MASSACHUSETTS LAWRENCE, KANSAS 66044	9006124 Filing Office): FILED DOUGLAS GOUNTY KANSAS
3. A. This financing statement covers the following type GIBSON FOOD FREEZER MODE:		WB21309599 SUE NEUSTIFTER
3. 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 become financed at the wellhead or minehead of the well (Name of record owner)		
4. Check X if covered: Products of collateral are	also covered.	