## 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:	Debtor (if individua	il, last name first) and address:
MC MIKEL, MS. PAM		
101 MICH. 19		
LAWRENCE, KS. 66044		
FEIN - or SSN	FEIN -	or SSN
		For filing officer
2. Secured Party and address (there may be more than one):  (Type information inside gray area)		
		9 007577
HANNAS APPLIANCE		
933 MASS. ST., LAWRENCE, KS. 66044		1191115
<u> </u>		O'AS CO
		SUGLAS CO. FOR
3. Assignee and address if applicable		OCT 2 8 1993
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		192 - 195 S
		Grand Tu
		1.4.1
4. Mark, if applicable: [ ] Products of collateral are also co	overed [ ] The debtor is	s a transmitting utility
5. (a) This financing statement covers the following types (or item	ns) of property: (Describe)	
1-ZENITH TV MODEL SS1931S3 SEI	R. 322-12251074	
1- TV STAND	K. 322-12231074	
(b) If colleteral is crops, the above described crops are growing o	r are to be grown on: (Describ	e real estate)
(c) If applicable, the above (goods are to be come fixtures on:) (ti	imber is standing on:) (minerals	or the like, including oil and gas, or accounts will be
financed at the wellhead or minehead of the well or mine located	on:) (Legal description of real	( estate)
Name of record owner:		
H filing without debtor signature items a, b, c or d must be mark     a. [ ] Collateral already subject to a security interest	ked: :in another jurisdiction when it w	vas brought into this state, or when the debtor's
location is changed to this state.  b. [ ] Collateral is proceeds of the original collateral		
c. [ ] Collateral as to which the filing has lapsed.		
d. [ ] The filing covers collateral acquired after a cha	inge of name identity or corpora	te structure of debtor
		Jan. 1
Signature of Debtor	<u> </u>	ignature of Secured Party (or assignee)
(X) 1 a mocarily		7/1/1/
1 amela 117 week		ignature of Secured Party (or assignee)
Signature of Debtor		Ignamia or comian Lat (or assister)

Form UCC-1 Form approved by Kansas Secretary of State

Copy Center of Topeka, Inc. 607 S.E. Quincy Topeka, KS 66603