(a) DEBTON INAME-6. ABONESS (If an Individual, type last name first.)	clat Security Number of the individual is required for a sole Proprietorship. 1.(b) DEBTOR NAME & ADDRESS (If an Individual, type last name first.)
CL Building Partnership	
924 Locust Street Eudora, Kansas 66025	
EIN (Federal Employer Ident. No.) SSN (Social Security No.)	FEIN (Federal Employer Ident. No.) SSN (Social Security No.
48-0305641 OR 2. SECURED PARTIES & ADDRESSES (Type Inside shaded box below)	ÖR
El oconte l'Anneo d'Abbriesses (Type Inside shaded bux below)	e ould
City of Eudora, Kansas	
4 East Seventh Street	CH ED
P.O. Box 650	E F'LED
Eudora, Kansas 66025	DOUGLAS COUNTY PARA
	1996 SEP 18 MI 11: 33
3. ASSIGNEES & ADDRESSES (Type Inside shaded box below)	SUE LEUSTITER
	REGISTER OF DEEDS
	A
	4013105
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. Form approved by Kansas Secretary of State

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