(a) DESTON WARE & ABONESS (If an Individual, type last name first.)  OCL Building Partnership  924 Locust Street	INSTRUCTIONS: 1. Please TYPE this Form. 2. If space is inadequate, continue on additional sheets of same size. 3. When filling in Secretary of State's Office, mail Parts 1 and 2 of this form (with first carbon and stub attached), with the filling lee. 4. Either a FEIN or SSN is required on this form. The Social Security Number of the Individual is required for a sole Proprietorship.		
	1.(b) DEBTOR NAME & ADDRESS (If an Individual, type last name first.)		
Eudora, Kansas 66025			
N (Federal Employer Ident. No.) SSN (Social Security No.) 48-0305641 OR	FEIN (Federal Employer Ident, No.) SSN (Social Security No.  OR		
2. SECURED PARTIES & ADDRESSES (Type Inside shaded box below)	Áluo		
City of Eudora, Kansas 4 East Seventh Street P.O. Box 650 Eudora, Kansas 66025	FILED Officer use		
. ASSIGNEES & ADDRESSES (Type Inside shaded box below)	1996 SEP 18 AM 113	77	
	SUE NEUSTIF 12 REGISTER OF DEED		
	9013106		
5.(c) RELEASE From the Collateral described in the Financing Statement bea	erest under the Financing Statement bearing the above File Number.  aring the above File Number, the Secured Party of record releases the collateral below.  's rights in the property described below under the Financing Statement bearing the abounced as set forth below.	ve File Number to	
Change Debtor's address to the following:  OCL Building Partnership  Box 313  Eudora, Kansas 66025-0313			
	NO. OF ADDITIONAL SHEE	TS (If Any)	
DESTOR SIGNATURES  Notor Signatures are required if any amendment changes the classification or value of collate	SECURED PARTY / ASSIGNEE SIGNATURES	TS (If Any)	