

Uniform Commercial Code — Statement of Continuation, Release, Amendment, Etc. — Form UCC-2

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 _____

1. Debtor (if individual, last name first) and address:

Oread Laboratories, Inc.
(Formerly Oread Acquisition Corporation)
1501 Wakarusa Drive
Lawrence, KS 66047

FEIN 48-1157951 or SSN _____

Debtor (if individual, last name first) and address:

FEIN _____ or SSN _____

2. Secured Party and address (there may be more than one):
(Type information inside gray area)

Mercantile Bank of Lawrence, N.A.
900 Massachusetts
Lawrence, KS 66044

For filing officer

FILED
DOUGLAS COUNTY KANSAS
1995 MAR 29 PM 1:22
SUE EUSTIFFER
REGISTER OF DEEDS

9010462

3. Assignee and address if applicable

4. This statement refers to Original Financing Statement Number: 9009924 Original filing date 12/7/94 Filed with Douglas Co.

5. ☐ A. Continuation The original Financing Statement bearing the above file number is still effective.

☐ B. Termination The secured Party of record no longer claims a security interest under the Financing Statement bearing the above file number.

☐ C. Release From the Collateral described in the Financing Statement bearing the above file number, the Secured Party of record releases the collateral below.

☐ D. Assignment

The Secured Party of record has assigned the Secured Party's rights in the property described below under the Financing Statement bearing the above file number to the Assignee whose name and address are shown above.

☒ E. Amendment

The Financing Statement bearing the above file number is amended as set forth below.

6. This area is for describing changes. Debtor name change from Oread Acquisition Corporation to Oread Laboratories, Inc.

Number of Additional Sheets, if any. _____

OREAD LABORATORIES, INC.

MERCANTILE BANK OF LAWRENCE, N.A.

By: 

Name: _____
(Necessary if any amendment changes the classification or the value of collateral)
Title: CEO

By: 

Name: _____
Title: EVP

Form UCC-2 Form approved by Kansas Secretary of State