

1.(a) DEBTOR NAME & ADDRESS (If an Individual, type last name first.)	1.(b) DEBTOR NAME & ADDRESS (If an Individual, type last name first.)
Orthopedic Casting Laboratory, Inc. 924 Locust Street, P.O. Box 399 Eudora, Kansas 66025	

FEIN (Federal Employer Ident. No.) XXXXXXXXXX 48-0940565 OR	SSN (Social Security No.)	FEIN (Federal Employer Ident. No.)	SSN (Social Security No.) OR
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2. SECURED PARTIES & ADDRESSES (Type Inside shaded box below)	For Filing Officer use only
OCL Building Partnership 924 Locust Street Eudora, Kansas 66025	
3. ASSIGNEES & ADDRESSES (Type Inside shaded box below)	

FILED
DOUGLAS COUNTY KANSAS
1996 SEP 18 AM 11:30
SUE NEUSTETER
REGISTER OF DEEDS

013104

4. This statement refers to Original Financing Statement No. 000193 Orig. Filing Date 1/16/87 Filed with Douglas County Register of Deeds

<input checked="" type="checkbox"/> 5.(a) CONTINUATION	The original Financing Statement bearing the above File Number is still effective.
<input type="checkbox"/> 5.(b) TERMINATION	The Secured Party of record no longer claims a security interest under the Financing Statement bearing the above File Number.
<input type="checkbox"/> 5.(c) RELEASE	From the Collateral described in the Financing Statement bearing the above File Number, the Secured Party of record releases the collateral below.
<input type="checkbox"/> 5.(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.
<input type="checkbox"/> 5.(e) AMENDMENT	The Financing Statement bearing the above File Number is amended as set forth below.

6. DESCRIBE CHANGES BELOW.

NO. OF ADDITIONAL SHEETS (If Any)

DEBTOR SIGNATURES	SECURED PARTY / ASSIGNEE SIGNATURES
Debtor Signatures are required if any amendment changes the classification or value of collateral	
X	OCL Building Partnership
X	BY: <i>Lois E. Louder</i> <i>ck \$6.00</i>