1. Type form, 2. If space is inadequa 4. Filings in the Secretary of State's Office must contain <i>eithe</i>	ate continue on additional shi	ement — Form UCC-1 eet, 3. Enclose tiling lee. er identification number or social security number
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btor (if individual, last name first) and address: ACCT#011599-0 PORIER, DEBORAH 2407 BRYCE CI LAWRENCE KS 66047	Debtor (if individ	ual, last name first) and address:
or SSN _511 _70 _6422	FEIN	or SSN
cured Party and address (there may be more than one): (Type information inside gray area)		9012146
THE ASSOCIATES 2329 S IOWA STE C&D LAWRENCE KS 66046		DOUGLAS COUNTY MANSAS 1996 MAR 14 RM 1: 25 SUE NEUSTIFTER REGISTER OF DEEDS
rk, <i>II applicable</i> : [] Products of collateral are also cover This financing statement covers the following types (or items) o		is a transmitting utility
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