Uniform Commercial Code — Financing Statement — Form UCC-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	
ACCT#010351-3 POWELL,TRISHA A 2522 REDBUD LN LAWRENCE KS 66046		Debtor (if individual, last name first) and address:	
EN or SSN 513 64 1183	FEIN	or SSN	
Secured Party and address (there may be more than one): (Type information inside gray area)		For filing officer	
THE ACCOCTATES		DOUGLAS COUNTY KANSAS	
THE ASSOCIATES 2329 S IOWA STE C&D LAWRENCE KS 66046			
		1994 MAY -6 PM 1: 14	
		SUE NEUSTIFTER REGISTER OF DEEDS	
Assignee and address if applicable		1.CO13 LEN OF DEEDS	
		9008648	
. Mark, if applicable: [] Products of collateral are also covered . (a) This financing statement covers the following types (or items) of pro- SEE ATTACHED SCHEDULE "A"		debtor is a transmitting utility	
) If collateral is crops, the above described crops are growing or are to	be grown on: (E	Pescribe real estate)	
c) If applicable, the above (goods are to be come fixtures on:) (timber is nanced at the wealthead or minehead of the well or mine located on:) (L	standing on:) (m Legal descriptio	ninerals or the like, including oil and gas, or accounts will be in of real estate)	
ame of record owner:			
If filing without debtor signature items a, b, c or d must be marked: a. [] Collateral already subject to a security interest in anoth location is changed to this state. b. [] Collateral is proceeds of the original collateral in which c. [] Collateral as to which the filling has lapsed. d. [] The filing covers collateral acquired after a change of the content of the content of the covers collateral acquired after a change of the covers collateral acquired	a security intere	est was perfected	
Insta a Roal Ol		Na H Rima	
Signature of Debtor	0	Signature of Secured Party (or assignee)	
Signature of Debtor		Signature of Secured Party (or assignee)	

Form UCC-1 Form approved by Kansas Secretary of State