	1. Type form. 2. If space is inadequate conti		
4. Filings in the Secreta	ry of State's Office must contain either the del	Dioi s lederal employe	er identification number or social security number. Prepaid account number
1. Debtor (if individual, last name first) and address: Presta, Patrick T. 513-62-6395 Presta, Kristen K. 513-66-2077 Box 1709 Garden City, KS 67846		Debtor (if individual, last name first) and address:	
FEIN	_or SSN	FEIN	or SSN For filing officer
Secured Party and address (t (Type information inside g)	ray area) RANKIV Kansas, N. A. f/	k/a Garden onal Bank	FILED DOUGLAS COUNTY KANSAS '94 FEB 10 PM 1 30 SUE NEUSTIFTER REGISTER OF DEEDS
3. Assignee and address if applicable			9008151
	inal Financing Statement Number:0003		ginal filing date 2-27-89 Filed with ROD Douglas Cty The Secured Party of record has assigned
B. Termination	above file number is still effective. The Secured Party of record no longer claims a security interest under the Financing Statement bearing the above file number to the Assignee whose name and address are shown above.		
C. Release	From the Collateral described in the Financing Statement bearing the above file number, the Secured Party of record releases the collateral below. E. Amendment above file number is amended as set forth below.		
6. This area is for describing ch	anges.		Number of Additional Sheets, if any
- Cio	nature of Debtor(s)	Mark T. N	els Signator (s) of February Rost (Assist

(Necessary if any amendment changes the classification or the value of collateral)