## 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 dibbtor's federal employer identification number or social security number.

Prepaid account number			
1. Debtor (if individual, last name first) and address:  ACCT#010047-9  RELISCH, GARY  2705 RAWHIDE LN  LAWRENCE KS 66046		Debtor (if individual, last name first) and address:  REUSCH, SUSAN 2705 RAWHIDE LN Lawrence KS 66046	
FEIN	or SSN 512 56 6903	FEIN	orssn 509 60 1123
Secured Party and address (there may be more than one):     (Type Information Inside gray area)			For filing officer 9007513
	THE ASSOCIATES 2329 S IOWA STE C&D LAWRENCE KS 66046		STATISTICS CO. AND FILED TO FI
3. Assignee and address if applicable			Sue Neustitter  Sue Neustitter  GENTER OF OTTO
	applicable: [ ] Products of collateral are also covere		a transmitting utility
	SEE ATTACHED SCHEDULE "A"		
(b) If collect	eral is crops, the above described crops are growing or are	to be grown on: (Describe	real estate)
(c) If applic financed at	cable, the above (goods are to be come fixtures on:) (timber t the wellhead or minehead of the well or mine located on:)	r is standing on:) (minerals o (Legal description of real	r the like, including oil and gas, or accounts will be setate)
Name of record owner:			
i I	initiout debtor signature items a, b, c or d must be marked: a. [ ] Collateral already subject to a security interest in ar location is changed to this state. b. [ ] Collateral is proceeds of the original collateral in white. [ ] Collateral as to which the filing has lapsed. d. [ ] The filing covers collateral acquired after a change	nich a security interest was p	erfected
Mo	Signature of Debtor	Sign	nature of Secured Party (or assignee)
_Su	Signature of Debtor	Sig	nature of Secured Party (or assignee)