	contary of State's Office must contain either the deb			
Debtor (if individual, last name first) and address:		Debtor (if individual, last name	Prepaid account number Debtor (if individual, last name first) and address:	
Robinson, Duane A 3323 Iowa # 365	4			
	5046			
EN	or SSN 515 42 8419	FEIN	or SSN	
Secured Party and address (there may be more than one): (Type information incide gray area)			For filing officer	
			9007713	
Commerce Bank & Trust				
PO BOX 5049			1191191	
Topeka, KS 66605			1 LS CO. 4 (1)	
		11/5	SIGNS CO. MARY FE	
Assignee and address if app	E	[3]	2 LICED & CO.	
Congrise and accress # app	Icable		2NOV 2 9 1993	
		15	Sue Neustiffer 5	
			COSTER OF SECOND	
			THE BY	
			BI E	
his statement refers to Origin	nal Financing Statement Number: 003221	Original Silva da	12-19-88 Register	
	The original Financing Statement bearing the	Original filing date	Peeds Dougs 1	
	above file number is still effective.	D. Assignment	The Secured Party of record has assigned the Secured Party of record has assigned	
B. Termination	The secured Party of record no longer claims a		described below under the Financing	
	security interest under the Financing Statement bearing the above file number.		Statement bearing the above file number to the Assignee whose name and address are shown above.	
C. Release	rom the Collateral described in the Financing	☐ E. Amendment	The Financing Statement bearing the	
S	Statement bearing the above file number, the secured Party of record releases the collateral below.		above file number is amended as set forth below.	
is area is for describing char				
		Number of Adv		
			fitional Sheets, if any.	
		Number of Add Commerce Bank &		
		Commerce Bank &	Trust	
Signatu	re of Debtor(s) pos the classification or the value of collateral)		Trust	

CR600

Uniform Commercial Code — Statement of Continuation, Release, Amendment, Etc. — Form UCC-2