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

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			Prepaid account number
1. Debtor (if individual, last name first) and address: Rumsey Funeral Home, Inc. 601 Indiana Street Lawrence, KS 66044		Debtor (if individual, last name first) and address:	
EN -	or SSN	FEIN -	or SSN
			For filing officer
2. Secured Party and address (there may be more than one): (Type information inside gray area) Mercantile Bank of Lawrence N.A.			9 011255
			CUOLAS COLED
formerly known as The First National	Bank of Lawrence		1975 CED
P.O. Box 428 Lawrence, Ks 660	44		1995 SEP 11 PM 1: 57
		R	EIS ER OF DEEDS
3. Assignee and address if ap	plicable		I SHOT DEEDS
This state must set up the	ginal Financing Statement Number: 494		10/21/05
X A. Continuation	The original Financing Statement bearing the above file number is still effective.		<u>10/21/85 lied with Douglas</u> The Secured Party of record has assigned the Secured Party's rights in the property described below under the Financing
B. Termination	The secured Party of record no longer claim security interest under the Financing Staten bearing the above file number.		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 b	E. Amendment	The Financing Statement bearing the above file number is amended as set forth below.
This area is for describing ch	hanges.		
			6'
		Number of Add	ditional Sheets, if any.
		Mercantile Bank of	f Lawrence
		M. A.D.D.	
		Anuthy	
	hature of Debtor(s) changes the classification or the value of collateral)	J. Nitcher, CLAA	of Secured Party (ies)
	Form UCC- 2 Form approved	by Kansas Secretary of State	