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
1. Debtor (if individual, last name first) and address: ACCT#010544-3 SCALFS, SYBIL 812 GREEVER TERR LAWRENCE KS 66046	Debtor (if individua	l, last name first) and address:
FEIN or SSN 512 03 8307	_ FEIN	or SSN
 Secured Party and address (there may be more than one): (Type Information Inside gray area) 		For filing officer
THE ASSOCIATES 2329 S IOWA SIE C&D LAWRENCE KS 66046		FILED DOUGLAS COUNTY KANSAS
		1994 AUG 24 PM 1: 11
		SUE NEUSTIFTER
3. Assignee and address if applicable		REGISTER OF DEEDS
		9009272
 Mark, if applicable: [] Products of collateral are also covered. (a) This financing statement covers the following types (or items) of SEE ATTACHED SCHEDULE "A". (b) If collateral is crops, the above described crops are growing or are 	property: (Describe)	a transmitting utility real estate)
c) If applicable, the above (goods are to be come fixtures on:) (timber inanced at the wellhead or minehead of the well or mine located on:)	is standing on:) (minerals o (Legal description of real o	r the like, including oil and gas, or accounts will be estate)
Name of record owner:		
B. If filing without debtor signature items a, b, c or d must be marked: a. [] Collateral already subject to a security interest in an location is changed to this state. b. [] Collateral is proceeds of the original collateral in which c. [] Collateral as to which the filing has lapsed. d. [] The filing covers collateral acquired after a change of the control of the contr	ich a security interest was pe	erfected
Signature of Debtor	Ask.	ADMINITURE of Secured Party (or assignee)
Olgitatoro di Bustoi	Sigi	(or assigned)
Signature of Debtor	Sigr	nature of Secured Party (or assignee)