Uniform Commercial Code — Financing Statement — Form UCC-1

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 or social security number. When the debtor is a sole proprietor, only the debtor's social security number is authorized to be filed.

Prepaid account number

ACCT#011712-1	Deptor (ii indiv	ridual, last name first) and address:
SCHREINER, BRENDA 1121 JANA DR LAWRENCE KS 66049		
FEIN - or SSN 515-56-1799	FEIN	or SSN
		For filing officer
Secured Party and address (there may be more than one): (Type Information Inside gray area)		9012472
		DOUGLAS COUNTY MANSAG
THE ASSOCIATES		그는 사람이 나를 하는데 하는데 이 사람이 되었다. 그는 사람이 되었다면 하는데 그리고 하는데 없다.
2329 S IOWA STE C&D LAWRENCE KS 66046		1996 MAY -2 PM 12: 20
BINIABIOE RE 666		SUE NEUSTIFTER
		REGISTER OF DEEDS
3. Assignee and address if applicable		
Mark, if applicable: [] Products of collateral are also covered	[] The deb	otor is a transmitting utility
5. (a) This financing statement covers the following types (or items) of pro-	operty: (Describe)	
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