ORM UCC-1 KANSAS		If space is inadequate, continue on additional sheets of sa mail Parts 1 and 2 of this form(with first carbon and stub	
INANCING STATEMENT	attached), with the filing fee. 4. Either a FEIN or SSN	N is required on this form.	
1.(a) DEBTOR NAME & ADDRESS (if an Individual, type last name first.)		1.(b) DEBTOR NAME & ADDRESS (If an Individual, type last name first.)	
Seales, Ross L. 504 N. Troost Olathe, KS 66061			
EIN (Federal Employer Ident. No.)	SSN (Social Security No.) OR 432-64-5964	FEIN (Federal Employer Ident. No.)	SSN (Social Security No.)
2. SECURED PARTIES & ADDRESSES (Ty	ype inside shaded box below)	For Filing Officer Use Only	
FIRST KAN	ISAS BANK & TRUST CO.		
109 EAST P.O. BOX 6			-H -D
GARDNER, KS 66030		DOUGLAS COUNTY KANSAS	
		1995 MAR - 3 PM 1: 49	
3. ASSIGNEES & ADDRESSES If applicable (Type Inside shaded box below)			TEUSTIFTER
		REGISTER OF DEEDS	
)
		C,	/01 0369
4. Check Box, if Applicable			
X Products of Collateral are also co	overed. The Debtor is a transmitire following types (or items) of property: Describe below		
MH SN# 0380 and a 19	77 American HT SN# 1321; wh	and a 1979 Liberty HT SN# OL14703 ether any of the foregoing is owned lating to any of the foregoing; all recooregoing (including insurance, general	now or acquired later, an
	ribed crops are growing or are to be grown on: Descrit	be real estate below.	
5.(b) If collateral is crops, the above desc			

50 / // //

SECURED PARTY / ASSIGNEE SIGNATURES

Collateral as to which the filing has lapsed.

The filing covers collateral acquired after a change of name identity or corporate structure of the Debtor.

Seale

M. Lucia

Form 515 - Rev. 6/93

Form UCC 1 Form approved by Kansas Secretary of State

Collateral is proceeds of the original collateral in which a security interest was perfected.

DEBTOR SIGNATURES