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 filling fee. 4. Fillings in the Secretary of State's Office must contain either the debtor's federal employer identification number or social security number.

Debtor (if individual, last name first) and address:		Debtor (if individual, la	Prepaid account number 2542 Pebtor (if individual, last name first) and address:	
	& Carol J Sledd d/b/a op			
EIN	or SSN	FEIN	or SSN	
			For filing officer	
2. Secured Party and address (there may be more than one): (Type Information Inside gray area)			9015216	
	51 awaran N A		FILED	
Mercantile Bank of Lawrence N.A. formerly known as			OUGLAS COUNTY MANSA	
The First National	Bank of Lawrence		1998 JUL 23 PM 2: 15	
P.O. Box 428 Lawrence, Ks 66044			MAN AIT 73 III 7 1	
			SUE NEUS 11 E	
			REGISTER OF DEEDS	
. Assignee and address if app	olicab le			
This statement refers to Original	ginal Financing Statement Number:00228	35 Original	filing date 8/31/88 Filed with DG. CO ROI	
B. Termination	The original Financing Statement bearing the above file number is still effective. The secured Party of record no longer dain security interest under the Financing State.	the Secured Party's rights in the property described below under the Financing Statement bearing the above file number to the Assignee whose name and address		
	bearing the above file number.			
C. Release	From the Collateral described in the Financing Statement bearing the above file number, the Secured Party of record releases the collateral to	E. Amer	ndment The Financing Statement bearing the above file number is amended as set forth below.	
5. This area is for describing c	hanges			
		MERC	mber of Additional Sheets, if any. ANTILE BANK, DAVID N. BUNKER VICE PRESIDENT & COMMERCIAL LOAN	
		Taild	41 Runker	
Sig	nature of Debtor(s)	Si	gnature(s) of Secured Party (ies)	
(Necessary if any amendment	changes the classification or the value of collateral)		910	
	Form UCC- 2 Form approved	d by Kansas Secretary o	of State	
		d by Kansas Secretary o	9006648	