This FINANCING STATEMENT is presented to a filing 1. Debtor(s) (Last Name First) and address(es)	officer for filing pursuant to the Unifor Com	Imercial Code: 3 Maturity date (if any):
1. Debtor(s) (Last Name First) and address(es) #\$\int 1816 \ddot 7	2. Secured Party(ies) and address(es)	For Filing Officer (Date Time Number
STOCKDALE, Robert	Associates Financial Service PO Box 12010	ces and Filing Office) FUED OOOSSOA
2409 Brush Creek Dr	Overland Park KS 66282	TILLD SOUNTY KANISAS
Lawrence KS 66044	JM	
FEIN# or SSN#_515-48-9423		1994 MAY 31 PN 1: 22
This financing statement covers the following types (or items) of property:		
See attached schedule "A"		SUE NEUSTIFIER
and decadhed schedule A		REGISTER OF DEEDS
		Assignee(s) of Secured Party and Address(es)
This statement is filed without the debtor's signature to an in		
This statement is filed without the debtor's signature to perfect a security interest in collateral. Sheck 🖾 if so)		Filed with:
which is proceeds of the original collateral described above in which a security interest was perfected		
Check ☑ if covered: ☐ Proceeds of Collateral are also covered. ☐ Products of Collateral are also covered. No. of additional Sheets presented:		
NO. DO. 1		
By: Signature(s) of Debtor(s)	By: Helf Mis	sn h
Organización de Debior(a)	UU	Signature(s) of Secured Party(ies)
STANDARD FORM FORM HOO 4 PEN 40 and		

STANDARD FORM - FORM UCC-1 REV. (6-93)

(1) Filing Officer Copy-Alphabetical