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 number or social security number.

Debtor (if individual, last name first) and address:	Debtor (if individual, last name first) and address:
Thompson, Patty 1817 Miss. St Lawrence, KS 66044	
FEIN or SSN _511 _60 _ 9944	FEIN or SSN
Secured Party and address (there may be more than one): (Type information inside gray area)	For filing officer 9008681
BENEFICIAL KANSAS INC. BENEFICIAL MORTGAGE CO. OF KANSAS, INC. PO BOX 529 Lawrence, KS 66044	FILED DOUGLAS COUNTY KANSAS 1994 MAY 13 PM 3: 13 SUE NEUSTIFTER REGISTER OF DEEDS
address given above in Box 2 but excluding nousehold goods, appliance (b) If collateral is crops, the above described crops are growing or are to	tronic entertainment equipment, cameras and camera equipment, musical instrument lar goods of like kind now owned and now located at the residence of the Debtors at the second personal effects. be grown on: (Describe real estate)
(c) If applicable, the above (goods are to become fixtures on:) (timber is financed at the wellhead or minehead of the well or mine located on:) (Le	standing on:) (minerals or the like, including oil and gas, or accounts will be egal description of real estate)
Name of record owner: 6. If filing without debtor signature items a, b, c or d must be marked: a. [] Collateral already subject to a security interest in anot 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	lo·cx
Palley B. France of Debtor	Secured Party MEDITION SERVICE SECURED PARTY SECURED PARTY MEDITION SECURED PARTY SECURED PARTY SECURED PARTY MEDITION SECURED PARTY SECURED PARTY MEDITION SECURED PARTY SECURED PARTY MEDITION SECURED PARTY MEDI
Signature of Debtor	/ Manager

Form UCC-1 Form approved by Kansas Secretary of State