The second of th	ing officer for filing pursuant to the Uniform Commercial Code:
Debtor(s) (Last Name First) and address(es)	2. Secured Party(ies) (or assignee and address(es): For Filing Office (Date, Time, Number and
TURNER, ASARIE	// Filing Office):
1614 CEBAR	935 MASS PM 3 PM 3 PO06906
EUDORA, KS 66025	LAWRENCE, KS 660 GARGOI NEUSTICE
3. A. This financing statement covers the following t	types (or items) of property: (Describe)
1-MAGIC CAEF GAS RA	SER 050306008638
3. B. (If collateral is crops) The above described crop	os are growing or are to be grown on: (Describe real estate)
3 C. If applicable, the above (goods are to become f	
financed at the wellhood or minches to fin	ixtures on:) (timber is standing on:) (minerals or the like, including oil and gas, or accounts will be
financed at the wellhead or minehead of the we	ell or mine located on:) (Legal description of real estate)
financed at the wellhead or minehead of the we	ell or mine located on:) (Legal description of real estate)
financed at the wellhead or minehead of the we	ell or mine located on:) (Legal description of real estate)
financed at the wellhead or minehead of the we	ell or mine located on:) (Legal description of real estate)
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financed at the wellhead or minehead of the we	ell or mine located on:) (Legal description of real estate)
financed at the wellhead or minehead of the we	ell or mine located on:) (Legal description of real estate)
financed at the wellhead or minehead of the we	ell or mine located on:) (Legal description of real estate)
(Name of record owner) 4. Check if products of Collateral are claimed By: June Signature(s) of Debtor(s)	Proceeds of Collateral are also covered. By:
(Name of record owner) 4. Check if products of Collateral are claimed	Proceeds of Collateral are also covered. January ———————————————————————————————————
(Name of record owner) 4. Check if products of Collateral are claimed Signature(s) of Debtor(s)	Proceeds of Collateral are also covered. By: Signature(s) of Secured Party(ies) (or assignee)