Uniform Commercial Code — Financing Statement — Form UCC-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 or social security number. When the debtor is a sole proprietor, only the debtor's social security number is authorized to be filed.

	Prepaid account nurseer
Debtor (if individual, last name first) and address:	Debtor (if individual, last name first) and address:
TURNER, LORETTA 1409 HASKELL #2 LAWRENCE, KANSAS 66044	
FEIN or SSN	FEIN or SSN
FEIN or SSN	For filing officer
Secured Party and address (there may be more than one): (Type information inside gray area)	9012629
	FILED
HANNA'S APPLIANCE	DOUGLAS COUNTY KAMPAC
933 MASSACHUSETTS	1996 MAY 30 AM 1: 48
LAWRENCE, KANSAS 66044	CIT 11 48
	SUE NEUSTIFTER REGISTER OF DEEDS
Assignee and address if applicable	COLD LEW OF DEEDS
4. Mark, if applicable: [] Products of collateral are also collateral. 5. (a) This financing statement covers the following types (or item FRIGIDAIRE WASHER MODEL # WA7200AWW FRIGIDAIRE DRIER MODEL # FDE747RBS	ns) of property: (Describe) N3 SERIAL # XC44538535
(b) If collateral is crops, the above described crops are growing o	or are to be grown on: (Describe real estate)
(c) If applicable, the above (goods are to be come fixtures on:) (ti financed at the wellhead or minehead of the well or mine located	imber is standing on:) (minerals or the like, including oil and gas, or accounts will be d on:) (Legal description of real estate)
Name of record owner:	
b. [] Collateral is proceeds of the original collateral b. [] Collateral as to which the filling has larged	tin another jurisdiction when it was brought into this state, or when the destrict
	Lacreas
Signature of Debtor	Signature of Secured Party (or assignee)
XX Local	7(1111222
Tolligo Junh	Signature of Secured Party (or assignee)
Signature of Debtor	Signature of Secured 1 ary (or assignes)