 If the second sec	cial Code – Statement of Contir 1. Type form. 2. If space is inadequate conti	nue on additional sh	leet 3 Enclos	se filina fee
4. Filings in the Secr	etary of State's Office must contain either the det	btor's federal employ	er identificatio	on number or social security number.
				Prepaid account number
 Debtor (if individual, last name first) and address: Twenty-One Company, L.C. P.O. Box 906 Lawrence, KS 66044 		Debtor (if individua	al, last name f	irst) and address:
FEIN <u>48.1097700</u> or SSN		FEIN		or SSN
 Secured Party and address (there may be more than one): (Type information inside gray area) 				9011625 FILED
BANK IV, N.A. formerly known as BANK IV Kansas, N.A. P.O. Box 674 Lawrencē, KS 66044		DOUCLAS COUNTY KANSAS 1995 NOV 13 PN 2: 23 SUE NEUSTIFTER REGISTER OF DEEDS		
3. Assignee and address if app				
5. X A. Continuation B. Termination C. Release	ginal Financing Statement Number:900236 The original Financing Statement bearing the above file number is still effective. The Secured Party of record no longer claims a security interest under the Financing Statement bearing the above file number. From the Collateral described in the Financing Statement bearing the above file number, the Secured Party of record releases the collateral	D. Ass D. Ass t E. Am	nal filing date	04/17/91_Filed with ROD – Douglas Co. The Secured Party of record has assigned 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 are shown above. The Financing Statement bearing the above file number is amended as set forth below.
6. This area is for describing ch	anges.		Number of A	Additional Sheets, if any.
Signa	BANK IV, N.A.			
(Necessary if any amendment ch	nanges the classification or the value of collateral) Form UCC-2 Form approved b	y Kansas Secretar	y of State	J