STATEMENT OF CONTINUATION,	FEIN or SSN is required on this form.	c of this form ( with hist carbon an	d stub attached) with the filing fee. 4. Either a	
1.(a) DEBTOR NAME & ADDRESS (If an Individual, type last name first.)		1.(b) DEBTOR NAME & AI	1.(b) DEBTOR NAME & ADDRESS (If an Individual, type last name first.)	
WALKER Kevin L WALKER Lester L WALKER Deborah J 1908 E 19th W72 Lawrence, KS 66044 FEIN (Federal Employer Ident. No.)	SSN (Social Security No.)	FEIN (Federal Employer Ider		
2. SECURED PARTIES & ADDRESSES (Type In	OR 509-82-6504		OR	
A. This statement refers to Original Financing  X 5.(a) CONTINUATION The original 5.(b) TERMINATION The Secured 5.(c) RELEASE From the Color The Secured Assignee W.	Financing Statement bearing the above File Number	g Date Q7-29-9.1  It is still effective.  It under the Financing Statement  In the above File Number, the Se  In the property described by	1996 MAR 27 AM 11: 55 SUE NEUSTIF 1888 REGISTER OF BEIODS	
			NO. OF ADDITIONAL SHEETS (If Any)	
	OR SIGNATURES		NO. OF ADDITIONAL SHEETS (II Any)  SECURED PARTY / ASSIGNEE SIGNATURES	
	IR SIGNATURES ment changes the classification or value of collater	al FIRST STATE		