4. Fillings in the Se	1. Type form. 2. If space is inadequate continuation of State's Office must contain either the detection of State and State an	nuation, Re inue on additional btor's federal emi	lease, Ame I sheet. 3. Enclo ployer identificat	endment, Etc. – Form UCC-2 ose filing fee. tion number or social security number.
1. Debtor (if individual, last n	name first) and address:	D Line (if indiv		Prepaid account number
Wintermantel, Michael J. 413 E 1100 Road (formerly Route 2, Box 47A) Baldwin, Kansas 66006		Debtor (II murk	dual, last name i	e first) and address:
FEIN	or SSN <u>5 1 1 - 7 4 - 2 3 1 3</u>	FEIN		or SSN
I De trend addror				For filing officer
Secured Party and addres:     (Type information insid	ss (there may be more than one): de gray area)		9	<b>013316</b>
Farm Credit	Bank of Wichita	E.	AL AS CO	TED
P.O. Box 3036	edit Services 6	D.	O le la seco	
Lawrence, Kar	nsas 66046-0036		196 NOV 2	2 PM 17: 16
			SUE NEU	ISTIFIEN
3. Assignee and address if app			AL SISTEM	
	iginal Financing Statement Number: 9004625  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	D. As	ssignment	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
	Secured Party of record releases the collateral be	elow.		below.
6. This area is for describing cha				
			ervices of No	dditional Sheets, if any
Signat	ture of Debtor(s)	action of		of Secured Party (ies)
(Necessary if any amendment char	anges the classification or the value of collateral)		Olymaturo(o) o	if Secured Party (les)