26957		* 91 MAR	? [3] P∰12 314 Vα	ol <u>ma/</u> Page <u>4621</u>
 Enclose fee of \$3.75 per name in 3. Send the Alphabetical, Numerical retained by party making the filin 4. If the space provided for any iter need be presented to the filing off DO NOT STAPLE OR TAPE ANY 5. At the time of original filing, filing of long schedules of collateral, two 6. File UCC1 with Sancetone if both 5. At the UCC1 with Sanceton	listed plus \$2.00 per trade nam al and Acknowledgment copie ng. em(s) on the form is inadequa filter. Long schedules of collax IVTHING TO LOWER PORTIC ing officer will return acknow wo copies should be presented a te or county filing officer as re OULD BE USED IF ONE OF ng efficer pursuant to the Unite , a COTP.	TERMINATI TERMINATI me. If more the es with interle teral, indonture teral, indonture teral	a) should be continued on additional sheets, res, etc. may be on any size paper that is con FORM. Py to the assignee if noted on form or secur be returned. " PLE TRANSACTIONS IS AN ASSIGNMEN Isl. Code: " OLITAN LIFE INSURANCE OLITAN LIFE INSURANCE of Secured Party from which by information oblainable: ide One, Suite 103 outh 24th Street West	orm send appropriate fee per box, for each transaction. The Debtor(s) and Secured Party(ies) copies are size 5" x 8". Only one copy of such additional sheets onvenient for the secured party. Used party. If secured party requires acknowledgement NT.
This statement refers to original Financing Statement No. 6 A. CONTINUATION 5. 8. RELEASE The original financing statement be- tween the foregoing Debtor and Se- cured Party, bearing the file number shown above is still effective. (Fee \$3.75)		0765 -M8	gs. MT 59102 86/7237 Date filed C. TERMINATION Image: Comparison of the security on longer claims a security interast under the financing statement bearing the file number shown above. (Fee \$3.75)	4/28/86
C: OTHER (Such as "amendment") (Fee \$3.75)	(Such as "amendment")			4A. Assignee of Secured Party(les) if any: 4B. Address of Assignee from which security information obtainable:
By: Signature(s) of Debtor(s) This form of Statement approved by the STANDARD FORM-UNIFORM COMMER 9/1/81	he Secretary of State.		By:	IFE INSURANCE COMPANY
0	of Metro _ A.D., 19 _91 at _	l: ss. opolitan _12:14	o'clockP_M., and dul es on Page <u>4621</u> Evelyn Biehn	- County Clerk
FEE \$5.00			By Daules	· Mulindere