This FINANCING STATEMENT is presented to THE FILING OFFICER for filing pursuant to the Uniform Commercial Code:

1 Debtor(s) (Last Name First) and address(es)	2 Secured Party(ies) and address(es)	3 For Filing Officer (Date, Time, Number and Filing Officer)
Dan's Repair Service Masonville Iowa 50654	Farmers State Bank 1240 8th Avenue P. O. Box 569 Marion, Iowa 52302	97 APR 15 AM 10 23 DELAWARE COUNTY IOWA 313-303

Record Owner: ~~Daniel J. & Laura Kaiser~~

This Statement refers to original Financing Statement No. 46-2113 Vol. 16, Pg 234

Date filed: 6/16/82, 19____ Filed with Delaware County Recorder

A. ☒ **CONTINUATION** ..... The original financing statement bearing the file number shown above, is still effective. (**DO NOT** use this form to continue a form filing that has been filed in a county prior to Jan. 1, 1975.)

B. ☐ **PARTIAL RELEASE** ..... From the collateral described in the financing statement bearing the file number shown above, the Secured Party releases the property indicated below.

C. ☐ **ASSIGNMENT** ..... The secured party certifies that the assignee, (name and address is shown below), has been assigned the secured parties rights under the financing statement bearing the file number shown above in the property indicated below.

D. ☐ **TERMINATION** ..... The Secured Party certifies that a security interest no longer is claimed under the financing statement bearing the file number shown above.

E. ☐ **AMENDMENT**..... The financing statement bearing the above file number is changed to show ☐ Name, identity, corporate structure, or address of Secured Party as indicated below; ☐ Name, identity, corporate structure, or address of Debtor Party as indicated below; ☐ as indicated below;

CHANGES:

Debtor Signature(s) necessary only if filing an amendment: by signing Debtor(s) also acknowledge(s) receipt of a copy of this instrument.

Farmers State Bank

_____ (Debtor)

By: Nancy L. Strand (Secured Party)
(Signature of Secured Party. See Instruction #2)

_____ (Debtor)

Nancy L. Strand, Asst. V.P.
Type or Print all names (Iowa Code 335.2)

Type or Print all names (Iowa Code 335.2)
Form Approved (1-2-87) By: Secretary of State - ELAINE BAXTER

Dated: April 10, 1997, 19____

1. FILING OFFICER COPY - ALPHABETICAL

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