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)
MARK & GEORGIA BROWN 1004 7TH AVE NW DYERSVILLE IA 52040	(Dem.) FIRSTAR BANK F/K/A HARVEST SAVINGS BANK FSB P O BOX 2188 OSHKOSH WI 54903	FILED 1/25/95 BOOK 27 T L M PAGE 81 31

This Statement refers to original Financing Statement No. _____

Date filed: 1-25 , 19 95 Filed with DELAWARE CO

1999 FEB 8 AM 10:50 DELAWARE COUNTY IOWA

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:

_____ **(Debtor)** **By:** Sue Sabul **(Secured Party)**
(Signature of Secured Party. See Instruction #2)

_____ **(Debtor)** FIRSTAR BANK F/K/A HARVEST SAVINGS BANK FSB
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: 2-2-99 , 19 _____

1. FILING OFFICER COPY - ALPHABETICAL