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)
Amling Jamie Box 1 Colesburg, Ia 52035	Farmers Savings Bank Box 127 Colesburg, Ia 52035	T-8 DELAWARE COUNTY IOWA FILED 2000 AU 29 AM 8 08 BOOK 2000 PAGE 3178 DEBORAH L. PAYTON DELAWARE CO. RECORDER N/C

This Statement refers to original Financing Statement No. G 12970

Date filed: March 31, 19 99 Filed with Delaware Co.

A. ☐ **CONTINUATION** ..... The original financing statement bearing the file number shown above, is still effective. (**DO NOT** use this form to continue a fa[illegible] 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)**

_____ **(Debtor)**

Type or Print all names (Iowa Code 335.2)

Form Approved (1-2-87) By: Secretary of State - ELAINE BAXTER

By: Farmers Savings Bank
G. Sturgeon V.P. **(Secured Party)**
(Signature of Secured Party. See Instruction #2)

Type or Print all names (Iowa Code 335.2)

Dated: 8-25-00 , 19____

1. FILING OFFICER COPY - ALPHABETICAL