[redacted]

DELAWARE COUNTY IOWA
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BOOK 2002
PAGE 1001
DEBORAH L. PETTON
DELAWARE CO. RECORDER
Q9.11

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
(319) 377-4891

B. SEND ACKNOWLEDGMENT TO (Name and Address)

FARMERS STATE BANK
1240 8TH AVENUE
PO BOX 569
MARION, IA 52302

Env. (X)

1a. INITIAL FINANCIAL STATEMENT FILE #
#46-2113 VOLUME 16, PAGE 234

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1b. This FINANCING STATEMENT AMENDMENT is ☒ to be filed [for record] (or recorded) in the REAL ESTATE RECORDS

2. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement

3. ☒ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

4. ☐ ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9

5 AMENDMENT (PARTY INFORMATION): This Amendment affects ☐ Debtor OR ☐ Secured Party of record. Check only one of these two boxes.
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.
☐ CHANGE name and/or address: Give current record name in item 6a or 6b also give new name (if name change) in item 7a or 7b and/or new address (if address change in item 7c. ☐ DELETE name: Give record name to be deleted in item 6a or 6b ☐ ADD name: Complete item 7a or 7b and also item 7c; also complete items 7d-7g (if applicable)

6 CURRENT RECORD INFORMATION:

6a ORGANIZATIONS NAME
DAN'S REPAIR SERVICE

OR

6b INDIVIDUALS LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7 CHANGED (NEW) OR ADDED INFORMATION

7a ORGANIZATIONS NAME

OR

7b INDIVIDUALS LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

7d TAX ID # SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e TYPE OF ORGANIZATION	7f JURISDICTION OF ORGANIZATION	7g ORGANIZATIONAL ID #, If any ☐ None

8 AMENDMENT (COLLATERAL CHANGE) check only one box
Describe collateral ☐ deleted or ☐ added or give entire ☐ restated collateral description or describe collateral ☐ assigned

9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor if this is an Assignment) If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor or if this is a Termination authorized by a Debtor check here ☐ and enter name of DEBTOR authorizing this Amendment

9a ORGANIZATION'S NAME
FARMERS STATE BANK

OR

9b INDIVIDUALS LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10 OPTIONAL FILER REFERENCE DATA
DANIEL J. & LAURA J. KAISER, d/b/a DAN'S REPAIR SERVICE

UCC FINANCING STATEMENT **AMENDMENT ADDENDUM**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11 ☐ INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)
#46-21133 VOLUME 16, PAGE 234

12 ☐ NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a ☐ ORGANIZATION'S NAME
FARMERS STATE BANK

OR

12b ☐ INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

13 ☐ Use this space for additional information
RECORD OWNER: DANIEL J. AND LAURA J. KAISER, d/b/a DAN'S REPAIR SERVICE

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