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DELAWARE COUNTY IOWA
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BOOK 2002
PAGE 3904
DEBORAH L. HEIN
DELAWARE CO. RECORDER
Oct. 21, 02

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
NANCY MARTH (319) 377-4891 EXT. 1047

B. SEND ACKNOWLEDGMENT TO (Name and Address)

FARMERS STATE BANK
1240 8TH AVE
MARION IA 52302

ENV. X

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCIAL STATEMENT FILE #
#163-2141

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<br>PIZZA PLACE | | | |
| OR | 6b INDIVIDUALS LAST NAME<br>MARTINSEN | FIRST NAME<br>REX | MIDDLE NAME<br>R. | SUFFIX |

7 CHANGED (NEW) OR ADDED INFORMATION

| | | | | | |
|---|---|---|---|---|---|
| | 7a ORGANIZATIONS NAME | | | | |
| OR | 7b INDIVIDUALS LAST NAME<br>MARTINSEN | FIRST NAME<br>CAROLE | MIDDLE NAME<br>J. | | 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<br>FARMERS STATE BANK | | | |
| OR | 9b INDIVIDUALS LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |

10 OPTIONAL FILER REFERENCE DATA

FILING OFFICE COPY—NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV 07/29/98)

# UCC FINANCING STATEMENT **AMENDMENT ADDENDUM**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11 ☐ INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)
#163-2141

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
BOOK 105 Page 125

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