[redacted]

Bank One
P.O. Box 11006
Lexington, KY
40578-9923

DELAWARE COUNTY IOWA
FILED
2002 DEC 13 AM 10: 52
BOOK 2002 PAGE 4743
DEBORAH L. PRESTON
DELAWARE CO. RECORDER
5.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRCTIONS (front and back) CAREFULLY

A. NAME PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (NAME AND ADDRESS)

KRISTIN SANDER
3230 4TH ST
MARION IA 52302

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. INITIAL FINANCING STATEMENT FILE#
BK 2000 PG 1797 DE CO IA 06/12/02

1b. ☐ This FINANCING STATEMENT AMENDMENTis 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 effects ☐ 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 8 and/or 7.

☐ CHANGE name and/or address: Give current record name in item 6a or 8b: also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7e.
☐ DELETE name: Give record name to be deleted in item 8a or 8b.
☐ ADD name: Complete item 7a or 7b and also item 7c also complete items 7d-7g (ifapplicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
SANDERS	KRISTIN		

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
990 DRY RUN CREEK CT	HIAWATHA	IA	52237	USA

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.
HERTIAGE TRAILER A4PKB2426Y1000130

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
BANK ONE NA STEPHANIE CUNNINGHAM Stephanie Cunningham

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

SECURED PARTY COPY - NATIONAL UCC FILANCING STATEMENT AMENDMENT (FORM UCC-3) (REV07/29/98)

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