UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT AT FILER [optional]

Daniel G. Bickel

B SEND ACKNOWLEDGMENT TO: (Name and Address)

Security Loan Co.
210 Main St. P.O.Box G
McGregor, IA 52157

DELAWARE COUNTY IOWA
FILED
2003 AP 29 AM 10:30
BOOK 3002 PAGE 2017
DEBORAH L PEYTON
DELAWARE CO RECORDER
5.00

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE #

G13017 Delaware County Iowa

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 ☐ ORGANIZATION'S NAME

OR

6b ☐ INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

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

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

Security Loan Co.

OR

9b ☐ INDIVIDUAL'S 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)