[redacted]

Book 2005 Page 715
Document 2005 715 Type 10 13 Pages 1
Date 3/03/2005 Time 9:42 AM
Rec Amt $7.00

DEBORAH L. PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Angie Brockhohn

B. SEND ACKNOWLEDGMENT TO (Name and Address)

FARMERS STATE BANK
1240 8TH AVE
MARION IA 52302

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCIAL STATEMENT FILE #
G12933

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			
OR	6b INDIVIDUALS LAST NAME Comley	FIRST NAME Jennifer	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, 1240 8TH AVE, MARION, IA. 52302			
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)