This STATEMENT is presented to THE FILING OFFICER for filing for record in real estate records:

1. Debtor(s) (Last Name First) and address(es)	2. Secured Party(ies) and address(es)	3. For Filing Officer (Date, Time, Number, and Filing Office)
North Madison Health Care, Corp. 714 - 14th Avenue North Fort Dodge, IA 50501	Miriam V. Hyde 1105 West 12th St.,So. Newton, IA 50208	FILED NO. 1661 BOOK 3 PAGE 162 UCC REC. 1986 FEB -6 PM 4:03 MARY E. WELTY RECORDER MADISON COUNTY, IOWA Fee $9.00

4. Check one only:
XX Original financing statement real estate record number 1156 in Book 2, Page 215
☐ Pre-1975 fixture filing county UCC number .....
..... Record owner of the real estate: Winterset Care Center North, Inc.
..... Dated filed: February 10, ... 19 81 ..... Filed with Madison County Recorder

5. Check only one:

A. [X] **CONTINUATION** ..... The original financing statement between the foregoing Debtor and Secured party, bearing the file number shown above, is still effective.

B. ☐ **PARTIAL RELEASE** ..... The secured party releases the property indicated below from the collateral described in the financing statement bearing the file number shown above.

C. ☐ **ASSIGNMENT** ..... Except to the extent otherwise specified below, the secured party certifies that the assignee, whose name and address is shown below, has been assigned all the Secured Party's rights under the financing statement bearing the file number shown above.

D. ☐ **TERMINATION** ..... The Secured Party certifies that a security interest no longer is claimed under the financing statement bearing the file number shown above.

E. ☐ **AMENDMENT** ..... The financing statement bearing the file number shown above is changed to show: Name, identity, corporate structure, or address of Secured Party as indicated below ☐; Name, identity, corporate structure, or address of Debtor Party as indicated below ☐; Other, as indicated below ☐.

6. **CHANGES:**

7. Debtor Signature(s) necessary only if filing an amendment:

_____

_____

Type or Print all names (Iowa Code 335.2)

8. By Miriam V. Hyde
Signature of Secured Party (See instruction #2)
Miriam V. Hyde
Type or Print all names (Iowa Code 335.2) **Secured Party**
Date February 3, 19 86

Form Approved (7-1-81) By: MARY JANE ODELL, Secretary of State

1. FILING OFFICER COPY—ALPHABETICAL