

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) MAPES, Francis MAPES, Lucile Rt. #2 Earlham, IA 50072	2. Secured Party(ies) and address(es)  AgriStor Leasing P.O. Box 2000 Elm Grove, WI 53122	3. For Filing Officer (Date, Time, Number, and Filing Office) FILED NO. <b>654</b> BOOK <u>3</u> PAGE <u>516</u> UCC REC 90 SEP 19 PM 1:59 Fee \$ <u>0.00</u> MARY E. WELTY RECORDER MADISON COUNTY, IOWA
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4. Check one only:  
 Original financing statement real estate record number 1870 Book 2 Page 79  
 Filed: May 12, 1980 Madison Co.  
 RECORD OWNER: Francis Mapes

5. Check only one:  
 A.  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:

DELETE REFERENCE TO: "(LESSEE)" & "(OWNER)"  
 DELETE REFERENCE TO: "THE TRANSACTION COVERED HEREBY IS A TRUE LEASE, AND, ONLY AS TO THE LESSEE, THIS FILING IS FOR INFORMATIONAL PURPOSES. LESSEE IS OBLIGATED TO PAY ALL TAXES ON ALL EQUIPMENT LISTED HEREIN."

DELETE THE FOLLOWING EQUIPMENT: (1) Goliath Unloader, (1) Hercules Unloader and (1) Flight Conveyor.

DELETE THE FOLLOWING LESSEE NAMES: Francis <sup>D.M.</sup>~~Mapes~~ <sup>EJK</sup> and Lucile <sup>D.M.</sup>~~Mapes~~ <sup>EJK</sup>

ADD THE FOLLOWING LESSEE NAME AND ADDRESS: Doyle Mapes  
 d/b/a Mapes Family Farm  
 Rt. #2  
 Earlham, IA 50072

7. Debtor Signature(s) necessary only if filing an amendment: Francis Mapes Lucile Mapes Doyle Mapes By Doyle Mapes Power of Atty. <small>Type or Print all names (Iowa Code 335.2)</small>	8. By <u>[Signature]</u> Signature of Secured Party (See instruction #2) <b>AGRISTOR LEASING</b> Secured Party Type or Print all names (Iowa Code 335.2) Date <u>9-19-90</u> , 19.....
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Form Approved (7-1-81) By: Mary Jane Odell, Secretary of State  
 I. FILING OFFICER ( ) ALPHABETICAL