Debtor(s) (Last Name First) a	nd address(es)	Secured Party(ies) an	d address(es)	For Filing Officer (Date, Time, Number,	
Parkins Michael D.		Earlham Savings Bank		and Filing Office) 1295	
Parkins Michael D. Parkins Janice M.		Box 426	ings bank	FILED NO:	
809 Warren		Earlham, Lov	va 50072	Ucc Rec BOOK_3 PAGE 569	
DeSoto, lowa 500	69	Harram, so	3.707.2	BOOK 3 PAGE 569	
		<u> </u>	280	— 91 NOV 21 AM 9: 17	
Original financing statement re				,	
Michael D. Parkins		as a record o	owner of the real estate.	MICHELLE UTSLER	
Date filed: January 9				MADISON COUALY IDNA	
ck one; A. KROONTINUATION	· · · The original fi	inancing statement betwee	F en the foregoing Debtor	ee \$15.00 r and Secured party, bearing the file number show	
	above, is still	effective.		g the file number shown above, the Secured Par	
_	releases the pr	operty indicated below.	_		
ASSIGNMENT	<ul> <li>The secured parties secured parties dicated below.</li> </ul>	party certifies that the au s rights under the finance	ssignee, whose name a cing statement bearing	and address is shown below, has been assigned the file number shown above in the property in	
D.   TERMINATION	the file numbe	r shown above.	_	r is claimed under the financing statement bear	
E.   AMENDMENT	· The financing or address of	statement bearing the al Secured Party as indicated slow;   as indicated belo	oove file number is cha d below;  Name, ider	anged to show [] Name, identity, corporate structunity, corporate structure, or address of Debtor Par	
	as indicated be	elow; [] as indicated belo	· · · · · · · · · · · · · · · · · · ·		
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tor Signature(s) necessary only	if filing an ame	ndment:			
tor Signature(s) necessary only	if filing an ame	ndment: (Debtor)	By Sliga	ingto a Holle	
tor Signature(s) necessary only	if filling an ame	(Debtor)	Signa	ture of Secured Party (See Instruction #2)	
tor Signature(s) necessary only	if filling an ame		Signa Timothy J.H		
tor Signature(s) neceasary only		(Debtor)	Signa Timothy J.H Type or Print all n	eldt Eartham Savings p Secured	
e or Print all names (Iowa Cod Acknowledgement: (Complete w	le 335.2) Thichever one is a	(Debtor)	Signa Timothy J.H Type or Print all n  Date Novembe	eldt Eartham Savings Bankeured	
e or Print all names (Iowa Cod Acknowledgement: (Complete w edged. Use additional acknowled	le 335.2) phichever one is a dgement forms if	(Debtor)  (Debtor)  applicable). In the event of necessary.	Signa Timothy J.H Type or Print all n  Date Novembe	eldt Eartham Savings Bankeured (Iowa Code 335.2)  r 14	
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e or Print all names (Iowa Cod Acknowledgement: (Complete wedged. Use additional acknowled STATE OF IOWA, On this day of Iowa, personally appeared	rhichever one is adgement forms if	(Debtor)  (Debtor)  (Debtor)  (Debtor)  (Debtor)  (Debtor)	Timothy J.H Type or Print all n Date November of amendment, both De	eldt Eartham Savings Bankcured (Iowa Code 335.2)  14	
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UCC RECORD 3

Form Approved (1-1-75) By: MELVIN D. SYNHORST, Secretary of State

1. FILING OFFICER COPY—ALPHABETICAL