

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) North Madison Health Care, Corp. 714 - 14th Avenue, North Fort Dodge, Iowa 50501	2. Secured Party(ies) and address(es) Miriam V. Hyde 1105 West 12th Street, South Newton, Iowa 50208	3. For Filing Officer (Date, Time, Number, and Filing Office) FILED NO. 1442 BOOK <u>3</u> PAGE <u>529</u> Ucc. Rec 91 JAN 18 AM 9: 20 MICHELLE UTSLER RECORDER MADISON COUNTY, IOWA
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COMPARED

4. Check one only:
 Original financing statement real estate record number 1156 in Book 2, Page 215
 Pre-1975 fixture filing county UCC number Fee \$10.00
 Record owner of the real estate: Winterset Care Center North, Inc.
 Dated filed: February 10, 1981 Filed with Madison County Recorder

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:

Miriam V. Machovec
c/o Michael Kulik
2300 Financial Center
Des Moines, Iowa 50309

7. Debtor Signature(s) necessary only if filing an amendment; by signing Debtor also acknowledges receipt of a copy of this instrument.

(Debtor)

(Debtor)

Type or Print all names (Iowa Code 335.2)

Form Approved: (1-2-87) by ELAINE BAXTER, Secretary of State

Miriam V. Machovec
By _____
Signature of Secured Party (See instruction #2)

Miriam V. Machovec f/k/a Miriam V. Hyde Secured Party
Type or Print all names (Iowa Code 335.2)

Date _____, 19____