. Debtor(s) (Last Name First) and address(es)	LING OFFICER for filing for record in red  2. Secured Party(ies) and address(es)	3. For Filing Officer (Date, Time, Number,
Winterset Care Center North, Inc. 714 - 14th Avenue, North Fort Dodge, Iowa 50501	Miriam V. Hyde 1105 West 12th Street, Sou Newton, Iowa 50208	and Filing Office)
Check one only:  Original financing statement real estate record nur Pre-1975 fixture filing county UCC number		MADISON COUNTY, 10WA Fee\$10,.00
Record F	owner of the real estate: Winterset Care (ebruary 10 81 19 81 F	Center North, Inc. iled with Madison County Recorder
. Check only one:  A.  CONTINUATION The original finabove, is still	inancing statement between the foregoing Debtor effective.	and Secured party, bearing the file number shown
bearing the file C. ASSIGNMENT Except to the	e number shown above.  extent otherwise specified below, the secured par	the collateral described in the financing statement by certifies that the assignee, whose name and ad-
The number sh	nown above.	s rights under the financing statement bearing the is claimed under the financing statement bearing
the file numbe  E. X AMENDMENT The financing ture, or addres	er shown above. Statement bearing the file number shown above is	changed to show: Name, identity, corporate structure, or address of Debtor
Des Moines, Iowa 503	09	
		•
. Debtor Signature(s) necessary only if filing an amend also acknowledges receipt of a copy of this instrument.	(Dehtor) BALLOM	ire of Secured Party (See instruction #2)