

This STATEMENT is presented to THE FILING OFFICER for filing pursuant to the Uniform Commercial Code:

Debtor(s) (Last Name First) and address(es) Rose Acre Farms, Inc. RR #5 Seymour, IN 47274	Secured Party(s) and address(es) Whirlpool Leasing Services, Inc. 17177 N. Laurel Park Dr., #233 Livonia, MI 48152 REC \$15.00 AUD \$ -	For Filing Officer (Date, Time, Number, and Filing Office) FILED NO. <b>793</b> BOOK <u>3</u> PAGE <u>601</u> 92 SEP 28 PM 12: 29 MICHELLE ULSLER RECORDER MADISON COUNTY, IOWA
This Statement refers to original Financing Statement No. <u>907, Book 3, Page 343</u> Date filed: <u>November 23</u> , 19 <u>87</u> Filed with <u>Madison County, Iowa</u>		

- A.  CONTINUATION . . . . . The original financing statement bearing the file number shown above is still effective.
- B.  PARTIAL RELEASE . . . . . From the collateral described in the financing statement bearing the file number shown above, the Secured Party releases the property indicated below.
- C.  ASSIGNMENT . . . . . The secured party certifies that the assignee, (name and address shown below), has been assigned the secured parties rights under the financing statement bearing the file number shown above in the property indicated below.
- 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 above file number 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;  as indicated below:

CHANGES

Debtor signature(s) necessary only if filing an amendment:

\_\_\_\_\_  
 (Debtor)

\_\_\_\_\_  
 (Debtor)

Whirlpool Financial Corporation, successor by merger to Whirlpool Leasing Services, Inc.  
 By: [Signature] (Secured Party)  
 (SIGNATURE OF SECURED PARTY.) (See instruction No. 2)  
Jill A. Tepps, Operations Administrator  
 TYPE OR PRINT NAME(S), (Iowa Code 335.2)

Form Approved (7-1-81) By: MELVIN D. SYNHORST, Secretary of State

Dated: 9/11/92, 19\_\_

(1) FILING OFFICER COPY - ALPHABETICAL