

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 Drive, Suite 233 Livonia, MI 48152 REC \$ <u>5.00</u> AUD \$ <u>-</u>	For Filing Officer (Date, Time, Number, and Filing Office) NO. 261 BOOK <u>3</u> PAGE <u>617</u> 93 JUL 30 PH 12: 26 MICHELLE UTSLER RECORDER MADISON COUNTY, IOWA
This Statement refers to original Financing Statement No. <u>907 Book 3 Page 343</u> Date filed: <u>11/23</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 ~~XXX~~ 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 To amend Secured Party name and address as follows: Whirlpool Financial Corporation
Attn: Asset Management Division
25 Tri-State International, Suite 200
Lincolnshire, IL 60069

Debtor signature(s) necessary only if filing an amendment:
Rose Acre Farms, Inc. (Debtor)
X Mad Fish (Debtor)

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

Form Approved (7-1-81) By: MELVIN D. SYNHORST, Secretary of State Dated: _____, 19__

(1) FILING OFFICER COPY-ALPHABETICAL