

Date stamped by Julian Code: **T97-5257-I (GAY)** For Secretary of State Office Use Only
 EXAMPLE: 87 182 09 00243 Fee \$ _____
 87: Year Cash
 182: Number of days counted from Jan. 1 Check
 09: Time of day filed (9:00 a.m.) Account # _____
 00243: Document number

PLEASE TYPE THE INFORMATION ON THIS FORM ACCORDING TO ALL INSTRUCTIONS PRINTED ON THE BACK OF THE UCC 1 FORM

Debtor Name		Social Security	Secured party and Address
1. ALAN V ANTHONY		479-66-2546	HOME FEDERAL SAVINGS BANK
2. NANCY J ANTHONY		485-68-0185	225 S MAIN AVE
3.			SIOUX FALLS SD 57104
4.			Assignee of Secured Party and Address
Mailing Address		Employer ID #	REC \$ <u>5.00</u>
2721 DEER RUN AVE			AUD \$ _____
MACKSBURG IA 50155			R.M.F. \$ <u>1.00</u>

FILED NO. **5247**
 UCC REC BOOK **3** PAGE **796**

98 JUN 12 PM 2:50
 MICHELLE UTSLER
 RECORDER
 MADISON COUNTY, IOWA

THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT NO. 793 Book 3 Page 776 (Limited to one transaction per UCC 3)

DATED 08/25/97 1:51 P.M. FILED WITH MADISON COUNTY RECORDED, IOWA

<input type="checkbox"/> CONTINUATION The financing statement bearing the above file number is still effective. Must be signed by secured party for UCC 3; secured party and debtor for Effective Financing Statement. Fee: Non-Ag \$3 and \$2* Ag \$8 and \$2* *For each additional debtor name	<input checked="" type="checkbox"/> TERMINATION The secured party no longer claims a security interest under the financing statement bearing the above file number. Must be signed by the secured party. Fee: Non-Ag \$2 and \$2* Ag \$3 and \$2* *For each additional debtor name	<input type="checkbox"/> PARTIAL RELEASE The secured party releases the collateral described below from the financing statement bearing the above file number. Must be signed by secured party for UCC 3; secured party and debtor for Effective Financing Statement. Fee: Non-Ag \$3 and \$1* Ag \$8 and \$1* *For each additional debtor name	<input type="checkbox"/> ASSIGNMENT The secured party's rights to the property described below under the statement bearing the above file number have been assigned to the assignee whose name and address are listed above right. Must be signed by secured party for UCC 3; secured party and debtor for Effective Financing Statement. Fee: Non-Ag \$3 and \$1* Ag \$8 and \$1* *For each additional debtor name	<input type="checkbox"/> AMENDMENT The financing statement bearing the above file number is amended as set forth below. Must be signed by both debtor and secured party for UCC 3 and Effective Financing Statement. UCC 3 secured party signature only if changing only the name or address of the secured party. Fee: Non-Ag \$3 and \$2* Ag \$8 and \$2* *For each additional debtor name
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This area is for the description of Collateral, Release, Collateral if assigned, or description of Real Estate, if necessary:

Check (X) if covered: PROCEEDS of collateral are also covered. PRODUCTS of collateral are also covered.

Use the following spaces only for Farm Products requiring EFFECTIVE FINANCING STATEMENT (EFS) filing in accordance with the Food Security Act of 1985.

FARM PRODUCT	CODE	YEAR	QUANTITY	COUNTY CODE	LOCATION IN COUNTY
					HOME FEDERAL SAVINGS BANK PREPARED BY JOAN JUHL 333-7626 PO BOX 5000 SIOUX FALLS, SD 57117-5000

Pay proceeds to Debtor and Secured Party unless otherwise checked: Secured Party only Debtor only

Number of Additional Sheets, if any: _____

Filed with the Secretary of State as UCC 3 EFS BOTH

HOME FEDERAL SAVINGS BANK

BY [Signature]
 JACK NEUROTH/SENIOR VICE PRESIDENT

Signature of Secured Party

Signature(s) of Debtor(s)

UCC 3 Form
 Revised 7-94
 ORIGINAL - CENTRAL FILING SYSTEM

STATE OF SOUTH DAKOTA FINANCING STATEMENT-APPROVED STANDARD FORM
 Secretary of State
 500 E. Capitol • Pierre, SD 57501-5089 • 605-773-4422