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UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	Book 2019 Page Date 11/12/2019 Rec Amt \$12.00	3604 Type	: 17 00 3 Pa 1:52:23AM	ages 2 INDX ANNO SCAN
A. NAME & PHONE OF CONTACT AT FILER (optional) Shirley Boland 309-787-4913 B. E-MAIL CONTACT AT FILER (optional)	LISA SMITH, COL MADISON COUNTY		RDER	CHEK
UCC@acricompany.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
The Acri Company 124 E 18th St PO Box 737				
Milan, IL 61264 Filed In: IA (Madison)				
1a. INITIAL FINANCING STATEMENT FILE NUMBER	THE ABOVE SPACE			
2013 3334 BK 2013 PG 3334 11/01/2013	(or recorded) in the REAL Filer: attach Amendment Add	ESTATE RECORD	5	
2. X TERMINATION: Effectiveness of the Financing Statement identified above is terminated Statement	with respect to the security interes	t(s) of Secured Pa	rty authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of For partial assignment, complete items 7 and 9 and also indicate affected collateral in item		f Assignor in item 9)	
CONTINUATION: Effectiveness of the Financing Statement identified above with respection continued for the additional period provided by applicable law.	t to the security interest(s) of Sec	ured Party authoriz	ing this Continuatio	n Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes: AND Check one of these three because and/or CHANGE name and/or	address: Complete ADD nam	ne: Complete item	DELETE name:	
This Change affects Debtor or Secured Party of record item 6a or 6b; and item 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only 6a. ORGANIZATION'S NAME		and item 7c	to be deleted in it	em oa or op
OR 6b. INDIVIDUAL'S SURNAME FIRST PERSON KERN		ADDITIONAL NAM	ME(S)INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide 7a. ORGANIZATION'S NAME	only <u>one</u> name (7a or 7b) (use exact, full na	me; do not omit, modify,	or abbreviate any part of	the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS CITY		STATE POSTA	L CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	DELETE collateral	ESTATE covered c	ollateral A	SSIGN collatera
Indicate collateral: Additional Debtors Name: DANENE KAY VANDERHEIDEN 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:	Provide only <u>one</u> name (9a or 9b) (r	name of Assignor, if	this is an Assignme	nt)
If this is an Amendment authorized by a DEBTOR, check here and provide name of authoriz §a. ORGANIZATION'S NAME	ng Debtor			
The Acri Company				
Sb. INDIVIDUAL'S SURNAME FIRST PERSON	NAL NAME	ADDITIONAL NAM	AE(S)INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: KERRY DEAN VAND	EDUEIDEN Acct# 57	<u>Ι</u> 50		

item 9 on Amendment form		
SUFFIX		
		1 13): Provide o
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FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
KERRY	DEAN	
17. Description of res		TH 26 FEFT
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	l estate: PTION: LOT EIGHT (8) AND THE SOU BLOCK ONE (1) OF THE ORIGINAL TO ISON COUNTY, IOWA.	TH 25 FEET OWN OF
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	TH ent Debtor of record required for indexing purpoor abbreviate any part of the Debtor's name); s	THE ABOVE SPACE IS FOR FILING OFFICE ent Debtor of record required for indexing purposes only in some filing offices - see Instruction item or abbreviate any part of the Debtor's name); see Instructions if name does not fit FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)

18. MISCELLANEOUS: