_						FILEN	NO. 00500
					<i>~</i>	, ₂₀₀₈ 2	2002 PAGE 50
UCC FINANCING STATEMENT AMENDMENT						To the entering	
	LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER (opt					2007 OC	TII AMIO:
В.	Joel Miller (920) 237-7787 SEND ACKNOWLEDGMENT TO: (Name and A	ddress)				rii F	CKI UTSLER
	/U.S. Bank Corporate Loan Services Attn: Kay Rasmussen	i			•	MADISÓ -	CHI DISLER RECORDER M COUNTY, IOW
	P.O. Box 3487 Oshkosh, WI 54903-3487				REC \$ 0	"	
					AUD \$ R.M.F. \$	1 82	OMPUTER
	INITIAL FINANCING STATEMENT FILE # 38 Bk 3 Pg 765	Date Recorded	/Filed: 4/2		1b. 🛛 This FIN	S.FOR FILING OFFI ANCING STATEMEN (or recorded) in the RE	IT is to be filed (for
2.	▼ TERMINATION: Effectiveness of the Financing Statement	ent identified above is ter	minated with respe	ct to security interest(s) of the			atement.
	CONTINUATION: Effectiveness of the Financing continued for the additional period provided by applicab		bove with respe	ct to security interest(s)	of the Secured Par	ty authorizing this Con	tinuation Statement
4.	☐ ASSIGNMENT: (full or partial): Give name of ass	ignee in item 7a or 7b					
	AMENDMENT (PARTY INFORMATION): This Am Also check one of the following three boxes and provide CHANGE name and/or address: Give current record name (if name change) in item 7a or 7b and/or new address (if	appropriate informat ne in item 6a or 6b; also	ion in items 6 ar		: re record □AI	these two boxes. DD name: Complete item c; also complete items 7d	
	URRENT RECORD INFORMATION 6a. ORGANIZATION'S NAME						
	Nature's Cupboard Ltd	· ·	·	×			
R	6b. INDIVIDUAL'S LAST NAME		FIRST NAM	1E	MIDDI	E NAME	SUFFIX
7. (HANGED RECORD INFORMATION: 7a. ORGANIZATION'S NAME						
							- Arrigany
R	7b. INDIVIDUAL'S LAST NAME		FIRST NAM	1E	MIDDI	E NAME	SUFFIX
	MAILING ADDRESS		CITY Winterse		STATE IA	POSTAL CODE 50273	COUNTRY U.S.A.
7d.		. TYPE OF		CTION OF ORGANIZA		RGANIZATIONAL ID	
EN	ORGANIZATION OF DEBTOR MENDMENT (COLLATERAL CHANGE): check	RGANIZATION					NONE
0 N	AME of SECURED PARTY of RECORD AUTHORIZ hadds collateral or adds the authorizing Debtor, or if the ga. ORGANIZATION'S NAME U.S. Bank, N	ING THIS AMENDA is is a Termination au	MENT (name of thorized by a Do or in intere	assignor , if this is an A btor, check here □ and st to Mercantile F	signment). If this enter name of DI Bank of Wes	tern Iowa	Amendment.
)R	9b. INDIVIDUAL'S LAST NAME		FIRST NAM			E NAME	SUFFIX
	OPTIONAL FILER REFERENCE Date: 10					Cupboard, LTD.	

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a. on Amendment form)

	2938 Bk 3 Pg 765	ate Recorded/Filed	: 4/25/97						
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)									
OR	12b. ORGANIZATION'S NAME								
	U.S. Bank, N.A. the successor in interest to Mercantile Bank of								
	Western Iowa								
	12c. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX						

13. Use this space for additional information

DEBTOR NAME/ADDRESS: Natures Cupboard, LTD, 105 N. John Wayne Dr., Winterset, IA 50273

THE NORTH 1/2 OF THE SOUTH 2/3 OF LOT 6, BLOCK 17 OF LINE ORIGINAL TOWN WINTERSET IN MADISON COUNTY IOWA, EXCEPTING THEREFROM THE EAST 62 FEET OF THE SOUTH 10 FEET THEREOF AND ALSO EXCEPTING THE EAST 10 FEET OF THE NORTH 12 FEET THEREOF, CONVEYED TO THE CITY OF WINTERSET FOR ALLEY PURPOSES.

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY