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CC FINANCING STATEMENT AMENDM LOW INSTRUCTIONS (front and back) CAREFULLY	ENT	г <del></del> «».	01	FILEC	$005^{\circ}$
NAME & PHONE OF CONTACT AT FILER (optional)		REC \$ 2	-		2002 PAGE_
SEND ACKNOWLEDGMENT TO: (Name and Address)		AUD \$ R.M.F. \$	<del></del>		•
Junion State Bank					0V 22 PM 3
P O Box 110 201 est Court Avenue Winterset, Iowa 50273		COMPUTER_ RECORDED_	<del>\</del>	HADI	MICKI UTSLER RECORDER SON COUNTY, 10
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NITIAL FINANCING STATEMENT FILE #		THE ABOVE S	PACE IS FOR	FILING OFFIC	CE USE ONLY
11254			L  10 06	tied (for tectord) :	TEMENT AMENOMENT I
TERMINATION: Effectiveness of the Financing Statement identified an	ove is terminated with respect	o security interest(s) of the	ha Carread Put.	a. 45 . 1	
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.					ration Statement is
SSIGNMENT: FULL of PARTIAL Give name of assignee in ite	em 7a or 7b and address of ass	ignee in item 7c; and aka	give name of as	signor in item 9	
MENDIMENT (PARTY INFORMATION): This Amendment affects	Deblor or Secured Pari	y of record. Check only			
so check one of the following three boxes and provide appropriate information	n in items 6 and/or 7	, Check only	ATTER ATTEMPTS (M.C	wxes.	
CHANGE name and/or address: Give current record name in item 6a or 6t name (if name change) in item 7a or 7b and/or new address (if address ch.	also give new DELE	E name: Give record or	me MADD	name: Complete	item 7a or 7b, and also
JRRENT RECORD INFORMATION:	ande) in item 7c. Lito be o	deleted in item 6a or 6b.	item	c. also complete	item 7a or 7b, and also items 7d-7g (if agoticable
a. ORGANIZATION'S NAME					
b, INDIVIDUAL'S LAST NAME					
Benshoof	FIRST NAME		MIDDLE NA	ďΕ	SUFFIX
ANGED (NEW) OR ADOED INFORMATION:	Steve	***************************************			
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