

(21)

UCC FINANCING STATEMENT AMENDMENT

005761

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Union State Bank
 P O Box 110
 201 est Court Avenue
 Winterset, Iowa 50273

REC \$ 5.00 ✓
 AUD \$ _____
 R.M.F. \$ _____

FILED NO. _____
 BOOK 2002 PAGE 5761
 2002 NOV 22 PM 3: 37

MICKI UTSLER
 RECORDER
 MADISON COUNTY, IOWA

COMPUTER
 RECORDED
 COMPARED _____

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # G11254 1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT: FULL or PARTIAL. Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME _____

OR

6b. INDIVIDUAL'S LAST NAME Benshoof FIRST NAME Steve MIDDLE NAME _____ SUFFIX _____

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME _____

OR

7b. INDIVIDUAL'S LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ SUFFIX _____

7c. MAILING ADDRESS 917 S 8th Ave CITY Winterset, Iowa 50273 STATE _____ POSTAL CODE _____ COUNTRY _____

7d. TAX ID #: SSN OR EIN _____ OPTIONAL ADOL. INF. OR ORGANIZATION DETCR _____ 7e. TYPE OF ORGANIZATION _____ 7f. JURISDICTION OF ORGANIZATION _____ 7g. ORGANIZATIONAL ID #, if any NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral released or added, or give entire restated collateral description.

9. NAME OF SECURED PARTY OF RECORD (or if this is an Assignment name of assignor):

9a. ORGANIZATION'S NAME Union State Bank

OR

9b. INDIVIDUAL'S LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ SUFFIX _____

10. REQUIRED SIGNATURE(S) _____

11. OPTIONAL FILER REFERENCE DATA
Union State Bank
PO Box 110
Winterset, Iowa 50273