

UCC FINANCING STATEMENT AMENDMENT
 FOLLOW INSTRUCTIONS (front and back) CAREFULLY

FILED NO. **4502**
 BOOK **2003** PAGE **4502**
2003 JUL 30 PM 3:59

REC \$ **10⁰⁰**
 AUD \$ **1⁰⁰**
 R.M.F. \$ **5⁰⁰**

NICKI UTSLER
 RECORDER
 MADISON COUNTY, IOWA

COMPUTER	<input checked="" type="checkbox"/>
RECORDED	<input checked="" type="checkbox"/>
COMPARED	<input type="checkbox"/>

A. NAME & PHONE OF CONTACT AT FILER (optional)	
Deanna Edwards	465-5318
B. SEND ACKNOWLEDGMENT TO: (Name and Mailing Address)	
Farm Credit Services of America, PCA PO Box 520 Perry, IA 50220-0520	

THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # Record 4, Page 66 File #4350	1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the <input checked="" type="checkbox"/> REAL ESTATE RECORDS.
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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 or 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	FIRST NAME	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		CITY	STATE	POSTAL CODE
7d. TAX ID #: SSN OR EIN	ADD'NL INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> None

8. **AMENDMENT (COLLATERAL CHANGE)**: Check only one box.

Describe collateral delete or added, or give entire restated collateral description, or describe collateral assigned.

9. **NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME				
Farm Credit Services of America, PCA				
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10c. **OPTIONAL FILER REFERENCE DATA**

Chapin Termination

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

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

Bk 4 Page 66 File # 4350

12. NAME of PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

	12a. ORGANIZATION'S NAME		
	Farm Credit Services of America, PCA		
OR	12B. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

13. Use this space for additional information:

Termination
Orville Lloyd Chapins
Shawn Anne Chapins

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