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FILED NO. 4699
BOOK 2003 PAGE 4699

E456460 2003 AUG -8 PM 3: 31

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

FILED MICKI UTSLER
SECRETARY OF STATE RECORDER
IOWA MADISON COUNTY, IOWA

2002-03-28 12:24

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

Premier Credit Union
711 High ST
Des Moines, IA 50392

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

INITIAL FINANCING STATEMENT FILE # E426679 011251

This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

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

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.

ASSIGNMENT (full or partial): Give name and address of assignee in section below.

AMENDMENT (PARTY INFORMATION): This Ammendment affects Debtor or Secured Party of record. Check only one of these two boxes

Also check one of the following boxes and provide appropriate information in section below.

CHANGE name and/or address: Give current record name, new name (if name change), and/or new address (if address change) in sections below.

DELETE name: Give record name to be deleted in section below.

ADD name: Complete Name, and also Address section below; also complete, Tax ID, Type Of Org., Juris., and Org. ID (if applicable).

CURRENT RECORD INFORMATION

ORGANIZATION'S NAME
PREMIER CREDIT UNION

OR INDIVIDUALS LAST NAME FIRST NAME MIDDLE NAME SUFFIX

CHANGED (NEW) OR ADDED INFORMATION

ORGANIZATION'S NAME

OR INDIVIDUALS LAST NAME FIRST NAME MIDDLE NAME SUFFIX

MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

TAX ID# SSN OR EIN ADDL INFO RE ORGANIZATION DEBTOR TYPE OF ORGANIZATION JURISDICTION OF ORGANIZATION ORGANIZATIONAL ID # if any

AMENDMENT (COLLATERAL CHANGE): check only one box.

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

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. PREMIER CREDIT UNION

ORGANIZATION'S NAME
PREMIER CREDIT UNION

OR INDIVIDUALS LAST NAME FIRST NAME MIDDLE NAME SUFFIX
Kaufman Tracy John

OPTIONAL FILER REFERENCE DATA

Use this space for additional information

1997 Tennessee trl. IT POTR 19V1073640
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