and the state of t	Control and the Control of the Contr		_	/725	
THE PROPERTY OF THE PARTY.	and to the end of the		Document		000 D 0
			Book 2005 Page 9/07/2	age 4320 Type 17 2005 Time 10:49	MM3 Pages 2
UCC FINANCIN	IG STATEMENT AME	NDMENT	Rec Amt \$12	.00	
FOLLOW INSTRUCTIO	INS (front and back) CAREFULLY				
	CONTACT AT FILER [optional]		MICHELLE UT	SLER, COUNTY RECO	RDER
BESEND ACKNOWLED	Needles 515-961 OGMENT TO: (Name and Address)	-5880	MADISON IOW	A	
<u> </u>	(Mario and Addicas)				
Comm	unity State Ban	k		co	OMPUTER
1401	N. Jefferson				CORDED
	anola, IA 5012	5	•		
515-	961-5880				
		1			
		, 	. THE ABOVE SA	PACE IS FOR FILING OFFICE	USEONLY
1aDNITIAL FINANCING ST		4 Dage 4224		1bG This FINANCING STATE	MENT AMENDMENT is
2F - TERMINATION		4 Page 4324	سنام والمناسب مند المعالم	to be filed [for record] (or REAL ESTATE RECORD	recorded) in the
30 CONTINUATION:	Effectiveness of the Financing Statement Effectiveness of the Financing Statement	ent identified about with connect to a	pect to security interest(s) of the	e Secured Party authorizing this Ter	mination Statement()
continued for the add	ditional period provided by applicable law	A[] Sur Mentinen anna Aint teabect to a	control interest(s) of the Secure	e Party authorizing this Continuati	on Statement is
4E ASSIGNMENT (ful	or partial); Give name of assignee in ite	em 7a or 7b and address of assignee	n item 7c; and also give name o	of assignor in item 9□	
SOAMENDMENT (PART	Y INFORMATION): This Amendmen	nt affects Debtor of Secure	d Party of record⊞Check only :	one of these two boxes()	
CHANGE name and/o	owing three boxes <u>and</u> provide appropriat or address: Give current record name in it e) in item 7a or 7b and/or new address (if	te information in items 6 and/or 7⊡ tem 6a or 6b: also give new	DELETE name: Give record name	ne ADD namet, Complete it	am 7a ar 7b, and else
L I name (if name chang 6[]CURRENT RECORD II	e) in item 7a or 7b and/or new address (if NEORMATION:	f address change) in item 7c□t	be deleted in item 6a or 6b0		ems 7d-7g (if applicable)
6aCORGANIZATION'S				······	-
			-		
OR CL THE WIND WAR		· ·	_	•	
OR 66 UNDIVIDUAL'S LAS	T NAME	FIRST NAME		MIDDLE NAME	SUFFIX
OBLINDIVIDUAL'S LAS		FIRST NAME		MIDDLE NAME	SUFFIX
OBLINDIVIDUAL'S LAS	ADDED INFORMATION:	FIRST NAME		MIDDLE NAME	SUFFIX
7GCHANGED (NEW) OR A	ADDED INFORMATION: NAME	FIRST NAME		MIDDLE NAME	SUFFIX
7acORGANIZATION'S	ADDED INFORMATION: NAME	FIRST NAME		MIDDLE NAME	SUFFIX
70CHANGED (NEW) OR 7acORGANIZATION'S 7bcindividual's Las	ADDED INFORMATION: NAME	FIRST NAME		MIDDLE NAME	SUFFIX
7GCHANGED (NEW) OR A	ADDED INFORMATION: NAME	,			
7acDrganization's 7bcIndividual's las 7ccMailing address	ADDED INFORMATION: NAME IT NAME ADDILINFORE 7ectype of org	FIRST NAME	N OF ORGANIZATION	MIDDLE NAME	SUFFIX
70CHANGED (NEW) OR 70COMAILING ADDRESS 70CMAILING ADDRESS 70CMAILING SSN OR EIN	ADDED INFORMATION: NAME T NAME I ADD'L INFO RE 7eUTYPE OF ORG ORGANIZATION DEBTOR	FIRST NAME CITY SANIZATION 7fcJURISDICTIO	N OF ORGANIZATION	MIDDLE NAME STATE POSTAL CODE	SUFFIX COUNTRY
70CHANGED (NEW) OR 70CORGANIZATION'S 70COMAILING ADDRESS 70COMAILI	ADDED INFORMATION: NAME T NAME ADD'LINFO RE 7eLTYPE OF ORG ORGANIZATION DEBTOR ATERAL CHANGE): check only one	FIRST NAME CITY SANIZATION 7fcJURISDICTIO boxd	,	MIDDLE NAME STATE POSTAL CODE 7gCORGANIZATIONAL ID #, if	SUFFIX
7GEMAILING ADDRESS 7GEMAILING ADDRESS 7GEMAILING ADDRESS 7GEMAILING ADDRESS 7GEMAILING ADDRESS	ADDED INFORMATION: NAME T NAME I ADD'L INFO RE 7eUTYPE OF ORG ORGANIZATION DEBTOR	FIRST NAME CITY SANIZATION 7fcJURISDICTIO boxd	,	MIDDLE NAME STATE POSTAL CODE 7gCORGANIZATIONAL ID #, if	SUFFIX COUNTRY
70CHANGED (NEW) OR 70CORGANIZATION'S 70COMAILING ADDRESS 70COMAILI	ADDED INFORMATION: NAME T NAME ADD'LINFO RE 7eLTYPE OF ORG ORGANIZATION DEBTOR ATERAL CHANGE): check only one	FIRST NAME CITY SANIZATION 7fcJURISDICTIO boxd	,	MIDDLE NAME STATE POSTAL CODE 7gCORGANIZATIONAL ID #, if	SUFFIX COUNTRY
70CHANGED (NEW) OR 70CORGANIZATION'S 70COMAILING ADDRESS 70COMAILI	ADDED INFORMATION: NAME T NAME ADD'LINFO RE 7eLTYPE OF ORG ORGANIZATION DEBTOR ATERAL CHANGE): check only one	FIRST NAME CITY SANIZATION 7fcJURISDICTIO boxd	,	MIDDLE NAME STATE POSTAL CODE 7gCORGANIZATIONAL ID #, if	SUFFIX COUNTRY
70CHANGED (NEW) OR 70CORGANIZATION'S 70COMAILING ADDRESS 70COMAILI	ADDED INFORMATION: NAME T NAME ADD'LINFO RE 7eLTYPE OF ORG ORGANIZATION DEBTOR ATERAL CHANGE): check only one	FIRST NAME CITY SANIZATION 7fcJURISDICTIO boxd	,	MIDDLE NAME STATE POSTAL CODE 7gCORGANIZATIONAL ID #, if	SUFFIX COUNTRY
TOCHANGED (NEW) OR TOTAL TORGANIZATION'S TOCHANGED (NEW) OR TOTAL TO THE TOTAL	ADDED INFORMATION: NAME T NAME ADD'LINFO RE 7eLTYPE OF ORG ORGANIZATION DEBTOR ATERAL CHANGE): check only one	FIRST NAME CITY SANIZATION 7fcJURISDICTIO boxd	,	MIDDLE NAME STATE POSTAL CODE 7gCORGANIZATIONAL ID #, if	SUFFIX COUNTRY
TALENDIVIDUAL'S LAS TALENDIVIDUAL'S LAS TALENDIVIDUAL'S LAS TALENDIVIDUAL'S LAS COMAILING ADDRESS DAMENDMENT (COLL	ADDED INFORMATION: NAME T NAME ADD'LINFO RE 7eLTYPE OF ORG ORGANIZATION DEBTOR ATERAL CHANGE): check only one	FIRST NAME CITY SANIZATION 7fcJURISDICTIO boxd	,	MIDDLE NAME STATE POSTAL CODE 7gCORGANIZATIONAL ID #, if	SUFFIX COUNTRY
70CHANGED (NEW) OR 70CORGANIZATION'S 70COMAILING ADDRESS 70COMAILI	ADDED INFORMATION: NAME T NAME ADD'LINFO RE 7eLTYPE OF ORG ORGANIZATION DEBTOR ATERAL CHANGE): check only one	FIRST NAME CITY SANIZATION 7fcJURISDICTIO boxd	,	MIDDLE NAME STATE POSTAL CODE 7gCORGANIZATIONAL ID #, if	SUFFIX COUNTRY
TALENDIVIDUAL'S LAS TALENDIVIDUAL'S LAS TALENDIVIDUAL'S LAS TALENDIVIDUAL'S LAS COMAILING ADDRESS DAMENDMENT (COLL	ADDED INFORMATION: NAME T NAME ADD'LINFO RE 7eLTYPE OF ORG ORGANIZATION DEBTOR ATERAL CHANGE): check only one	FIRST NAME CITY SANIZATION 7fcJURISDICTIO boxd	,	MIDDLE NAME STATE POSTAL CODE 7gCORGANIZATIONAL ID #, if	SUFFIX COUNTRY
7acORGANIZATION'S 7bcINDIVIDUAL'S LAS 7bcINDIVIDUAL'S LAS GEMAILING ADDRESS dGTAX ID #: SSN OR EIN	ADDED INFORMATION: NAME T NAME ADD'LINFO RE 7eLTYPE OF ORG ORGANIZATION DEBTOR ATERAL CHANGE): check only one	FIRST NAME CITY SANIZATION 7fcJURISDICTIO boxd	,	MIDDLE NAME STATE POSTAL CODE 7gCORGANIZATIONAL ID #, if	SUFFIX COUNTRY
TECHANGED (NEW) OR TAKENDIVIDUAL'S LASS OR TAKENDIVIDUAL'S LASS OR EINTERNATION OF THE TAKENDAMENT (COLL Describe collateral de CONAME OF SECURED	ADDILINFO RE 7 CETYPE OF ORGORGANIZATION DEBTOR ADDILINFO RE 7 CETYPE OF ORGORGANIZATION DEBTOR ADDILINFO RE 10 CHECK ONLY OR GREET ADDILINFO RECORD AUTHORIZ	FIRST NAME CITY SANIZATION 7f@URISDICTIO box@ restated collateral description, or de	scribe collateral assigned	MIDDLE NAME STATE POSTAL CODE 7gCORGANIZATIONAL ID #, if	SUFFIX COUNTRY any NONE
TOTAL	ADDED INFORMATION: NAME T NAME T ADD'L INFO RE 7eUTYPE OF ORG ORGANIZATION DEBTOR ATERAL CHANGE): check only gne eleted or added, or give entire i	FIRST NAME CITY SANIZATION 7f@URISDICTIO box@ restated collateral description, or de	scribe collateral assigned	MIDDLE NAME STATE POSTAL CODE 7gCORGANIZATIONAL ID #, if	SUFFIX COUNTRY any NONE
70CHANGED (NEW) OR 70CORGANIZATION'S 70CORGANIZATION'S 70COMAILING ADDRESS 70COMAILING	ADDED INFORMATION: NAME I ADD'LINFORE 7eLTYPE OF ORG CRGANIZATION DEBTOR ATERAL CHANGE): check only one selected or added, or give entire 1 PARTY OF RECORD AUTHORIZ E authorizing Debtor, or if this is a Termin	FIRST NAME CITY SANIZATION 7f@URISDICTIO box@ restated collateral description, or de	scribe collateral assigned	MIDDLE NAME STATE POSTAL CODE 7gCORGANIZATIONAL ID #, if	SUFFIX COUNTRY any NONE
70CHANGED (NEW) OR 70CORGANIZATION'S 70CORGANIZATION'S 70COMAILING ADDRESS 70COMAILING	ADDITINFO RE 76CTYPE OF ORGORGANIZATION DEBTOR ATERAL CHANGE): check only gas eleted or added, or give entire authorizing Debtor, or if this is a Termin NAME	FIRST NAME CITY SANIZATION 7f@URISDICTIO box@ restated collateral description, or de	scribe collateral assigned	MIDDLE NAME STATE POSTAL CODE 7gCORGANIZATIONAL ID #, if	SUFFIX COUNTRY any NONE

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

BOOK 2004 Page 4324

12 INAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

OR

Community STate Bank

OR

12 DIDNOIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

13 IUse this space for additional information

Lot 1 Mandolfo Addition Paat 1,

Winterset, IA

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
