· 		Document 2010 179  Book 2010 Page 179 Type 17 002 Pages 2 Date 1/26/2010 Time 10:48 AM Rec Amt \$14.00  LISA SMITH, COUNTY RECORDER CHE MADISON COUNTY IOWA				
Prepared By Jessica K. Adair Count 705 NE 6th Greenfield, JCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS (front and back) CAREFULLY	Ehrsam y FSA St. IA 50849					I NE ANN SCA
A, NAME & PHONE OF CONTACT AT FILER [optional]		MAD I SON	COUN	IT TOWA		
Commodity Credit Corporation Adair County FSA Office 705 NE 6th Street Greenfield IA 50849						
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Book 2005 Page 3516			1b. This to b	R FILING OFFICE USE FINANCING STATEMENT e filed [for record] (or record) L ESTATE RECORDS.	AMENDMENT is rded) in the	
TERMINATION: Effectiveness of the Financing Statement identified above  CONTINUATION: Effectiveness of the Financing Statement identified ab					-	
continued for the additional period provided by applicable law.	ove with respect to security interest(	s) of the Secured	rany aumo	nzing this Continuation St	atement is	
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and		also give name of a	assignor in i	item 9.		
AMENDMENT (PARTY INFORMATION): This Amendment affects D D Also check one of the following three boxes and provide appropriate information in	Pebtor <u>or</u> Secured Party of reco	d. Check only <u>on</u>	e of these t	wo boxes.		
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record in to be deleted in item 6a or 6b	ame	ADDn	ame: Complete item 7a or 7b cmplete items 7e-7g (if applic	a, and also item 7c; able).	
6a. ORGANIZATION'S NAME						
66. INDIVIDUAL'S LAST NAME  Brownlee	FIRST NAME  Daniel		MIDDLE	NAME	SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION:	Damer		Itay			
7a. ORGANIZATION'S NAME						
7b, INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX	
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZ	ATION	7g. ORG	 ANIZATIONAL ID #, if any	NONE	
3. AMENDMENT (COLLATERAL CHANGE): check only one box.					LINONE	
		al assigned.				
Describe collateral deleted or added, or give entire restated collate	eral description, or describe collater	L v				
Describe collateral deleted or added, or give entire restated collate	eral description, or describe collater					
o. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorize	VENDMENT (name of assignor, if th	is is an Assignmer			by a Debtor which	
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorize 9a, ORGANIZATION'S NAME	VENDMENT (name of assignor, if th	is is an Assignmer			by a Debtor which	
o. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorize	VENDMENT (name of assignor, if th	is is an Assignmer		rizing this Amendment.	by a Debtor which	

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX 13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Debtors: Daniel Ray Brownlee Megan Leigh Brownlee

Description of real estate: The East Quarter of the Northeast Quarter of the Northwest Quarter of the Northeast Quarter (E1/4 NE1/4 NE1/4) and the Northwest Quarter of the Northeast Quarter of the Northeast Quarter (NW1/4 NE1/4 NE1/4) of Section Thirteen (13), Township Seventy-four (74) North, Range Twenty-nine (29) West of the 5th P.M. Madison County, Iowa.