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| This STATEMENT is presented to THE FILI Debtor(s) (Last Name First) and address(es) Winterset Care Center North, Inc. | NG OFFICER for filing pursuant to the Uniform Secured Party(s) and address(es) American Federal Savings and Loan | m Commercial Code: For Filing Officer (Date, Time, Number, and Filing Office) |
| Winterset, Iowa | Association of Central Iowa n/k/a American Federal Savings and Ioan Association of Iowa 601 Grand Avenue Des Moines, IA 50309 RMF.\$ | FILED NO. 652 UCC Rec 800K 4 PAGE 2 98 AUG - 6 AM 8: 42 |
| This Statement refers to original Financing Statem. Date filed: 9/14 , 19 93 F | iled with Madison Co., IA | MICHELLE UTSLER |
| B. PARTIAL RELEASE From the collate | ancing statement bearing the file number shown above the file number shown above the financing statement bearing the stylindicated below. | ve is still effekkison county, 10ma |
| rights under the D. TERMINATION The Secured Par | ty certifies that the assignee, (name and address sl financing statement bearing the file number shown ty certifies that a security interest no longer is clai | above in the property indicated below. |
| address of Secur | ove. atement bearing the above file number is changed to ed Party as indicated below; Name, identity, co as indicated below; | o show Name, identity, corporate structure, or propriate structure, or address of Debtor Party as |
| CHANGES Ref: 21-9200344 | | |
| | | |

(Debtor) (Debtor)

By: Course Porty)

American Federal Savings and Loan Association of Central Iowa n/k/a American Federal Savings and Loan Type or PRINT NAME(S) (Iowa Code 335.2)

Dated: 1958

(1) FILING OFFICER COPY- ALPHABETICAL

Debtor signature(s) necessary only if filing an amendment:

Form Approved (7-1-88) By: ELAINE BAXTER SAFEAR State.

RECORD 2001