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	FINANCING STATEMENT AMENDMENT	LICA CMITH	00111171	D	SCAN
	W INSTRUCTIONS ME & PHONE OF CONTACT AT FILER (optional)	LISA SMITH, MADISON COU	COUNTY NTY IOWA	RECORDER	CHEK
Kat	ty Courtney (515) 273-2327				
	AIL CONTACT AT FILER (optional) y.courtney@ealrhambank.com				
C. SEN	D ACKNOWLEDGMENT TO: (Name and Address)				
	Earlham Savings Bank				
-	7300 Lake Dr West Des Moines, IA 50266				
	515) 223-4753				
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	al financing statement file number # 001943 - Book 2003 Page 1943	(or recorded) in the	REAL ESTATE F	NDMENT is to be filed RECORDS m UCC3Ad) and provide D	•
	ERMINATION: Effectiveness of the Financing Statement identified above is to tatement				
	SSIGNMENT (full or partial): Provide name of Assignee in Item 7a or 7b, and or partial assignment, complete items 7 and 9 and also indicate affected collate		ame of Assignor	in item 9	
. 🔽 c	CONTINUATION: Effectiveness of the Financing Statement identified above wontinued for the additional period provided by applicable law		of Secured Party	authorizing this Continu	uation Statement is
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

INITIAL FINANCING STATEMENT FILE NUMBER: : le # 001943 Book 2003 Page 1943	Same as item 1a on Amendment form			
NAME OF PARTY AUTHORIZING THIS AMENDMEN	NT: Same as item 9 on Amendment form			
12a. ORGANIZATION'S NAME				
Earlham Savings Bank				
12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)INITIAL(S)	SUFFIX			
		THE ABOVE SPACE IS		
Name of DEBTOR on related financing statement (N one Debtor name (13a or 13b) (use exact, full name; do not	ame of a current Debtor of record required for index omit, modify, or abbreviate any part of the Debtor's	ing purposes only in some filing of name); see Instructions if name de	fices - see Instruction item ses not fit	13): Provide o
13a. ORGANIZATION'S NAME				
13b. INDIVIDUAL'S SURNAME Cook	FIRST PERSONAL NAME Garland	Laver	AL NAME(S)/INITIAL(S)	SUFFIX
ADDITIONAL SPACE FOR ITEM 8 (Collateral):	Garianu	Laver		
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