1-888-427-	TACT AT FILER (optional) -8713				
	ENT TO: (Name and Address)				
JOHN DE	ERE CREDIT				
	ARTMENT				
P.O. BOX	0030 N, IA 50131-9982				
JOHNSTO	14, IA 30131-2202				
1					
ITIAL FINANCING STAT	EMENT FILE #	THE ABOVE SP		LING OFFICE USE ONLY INANCING STATEMENT	
FILE NBR: 200400921260 DATE: 05JAN		N04		filed (for record) (or recor . ESTATE RECORDS.	ded) in the
• • • • • • • • • • • • • • • • • • • •	tiveness of the Financing Statement identified above is				
	ectiveness of the Financing Statement identified above tional period provided by applicable law.	e with respect to security interest(s) of the Security	ured Party author	izing this Continuation Sta	atement is
1					
	partial): Give name of assignee in item 7a or 7b and a NFORMATION): This Amendment affects Debto				
•	owing boxes and provide appropriate information in ite	_ <b>⊔</b>	A Out of the series	O DOXES.	
■ CHANGE name and/or	raddress: Give current record name in item 6a ir 6b; a ) in item 7a or 7b and/or new address (if address chan	also give new 📺 DELETE name: Give reco	rd name ADI 6b iten	D name: Completed item r 7c; also completed item	7a or 7b, and s 7d - 7g (if ag
CURRENT RECORD IN				, , , , , , , , , , , , , , , , , , , ,	<u>, , , , , , , , , , , , , , , , , , , </u>
6a ORGANIZATION'S	NAME				
Ch. INDIVIDUAL C. LACT MANE		FIRST NAME	MIDDLE	NAME	SUFFIX
66. INDIVIDUAL'S LAST NAME		ROY	WINDOLL	WIDDEL NAME.	
FERRELL CHANGED (NEW) OR A		1 KO1			<u>.l</u>
7a. ORGANIZATION'S					
7b. INDIVIDUAL'S LAST NAME		LEIGGT NAME	MIDDLE	NALAC	SUFFIX
		FIRST NAME	MIDDLE NAME		SUFFIX
		CITY	STATE	POSTAL CODE	COUNTR
1246 FISH ROAD		TIVERTON	RI	02878	USA
	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION		NIZATIONAL ID #, if any	
FAX ID #: SSN OR EIN	Î ORGANIZATION				MΩ
FAXID#: SSN OR EIN					
MENDMENT (COLLATER	DEBTOR  RAL CHANGE): check only one box.  ted or added, or give entire restated collateral				
	ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGA	INIZATIONAL ID #, if any	