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FOLLOW INSTRUCTIO	G STATEMENT AMENDME	NT				
UCC DEPARTM	CONTACT AT FILER [optional] IENT 1-888-427-8713 GMENT TO: (Name and Address)					
6400 NW 8 P.O. BOX	ERE CREDIT 6TH STREET 6630 N, IA 50131					
L			THE AROVE SO	ACE IS EOD EIL I	NO OFFICE LIGHT	· OW V
	96 DATE: 10/30/2002			1b. This FINAN to be filed REAL EST	NG OFFICE USE ICING STATEMENT [for record] (or recor ATE RECORDS.	AMENDMENT is ded) in the
3. CONTINUATION:	ffectiveness of the Financing Statement identified above Effectiveness of the Financing Statement identified a itional period provided by applicable law.	ve is terminated with respect to securabove with respect to security interespect in security interespe	urity interest(s) of the est(s) of the Secured	Secured Party authorsizing t	orizing this Terminati	on Statement. atement is
4. ASSIGNMENT (full	or partial): Give name of assignee in item 7a or 7b ar	nd address of assignee in item 7c; al	nd also give name of	assignor in item 9.		···
Also check one of the folk CHANGE name and/or in regards to changing 6. CURRENT RECORD IN 6a. ORGANIZATION S	wing three boxes <u>and</u> provide appropriate information address: Please refer to the detailed instructions he name/address of a party. IFORMATION:	Debtor or Secured Party of re in items 6 and/or 7. DELETE name: Give recount to be deleted in item 6a or	acord. Check only <u>or</u> ord name 6b.	T ADD name: Co	es. omplete item 7a or 7b, items 7e-7g (if applica	and also item 7c; ible)
OR 66. INDIVIDUAL'S LAS	ORPORATION NAME	FIRST NAME		MIDDLE NAME		SUFFIX
7. CHANGED (NEW) OR A			- · · · · · · · · · · · · · · · · · · ·			
75. INDIVIDUAL'S LAST NAME		FIRST NAME	<u>. </u>	MIDDLE NAME	·	SUFFIX
7c. MAILING ADDRESS		CITY		STATE POST	AL CODE	COUNTRY
7d. SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGAN	NIZATION	7g. ORGANIZATI	ONAL ID#, if any	Пиом
5. AMENDIMENT (COLL) Describe collateral de	TERAE CHANGE): check only <u>one</u> box. leted or ☐ added, or give entire ☐ restated collat	ieral description, or describe collati	eral assigned.			- "
NAME OF SECTIOED	PARTY of RECORD AUTUOPITALO TURO				· · · · · · · · · · · · · · · · · · ·	
. IMMUNE UE OF GUITELL	PARTY OF RECORD AUTHORIZING THIS AN	VIENDMENT (name of assignor, if	this is an Assignmen	t). If this is an Amer	idment authorized by	/ a Debtor which
adds collateral or adds the	actionizing Debtor, or it this is a termination authorize	d by a Debtor, check here and a	enter name of DEBI	OR authorizing this	: Amendment	
9a. ORGANIZATION'S N	actionizing Debtor, or it this is a termination authorize	d by a Debtor, check here and a	enter name of DEB1	OR authorizing this	: Amendment	SUFFIX