

# UCC-3 Form - TERMINATION

*Original File Number:* **202022436980**

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## FILER INFORMATION

*Full name:* **HAYDEN**

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## SEND ACKNOWLEDGEMENT TO

*Contact name:* **NODAWAY VALLEY BANK**

*Mailing Address:* **PO BOX 7315**

*City, State Zip Country:* **ST. JOSEPH, MO 64507 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: NODAWAY VALLEY BANK**

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