This STATEMENT is presented to THE FILING OFFICER for filing for record in real estate records:

Debtor(s) (Last Name First) and address(es)	Secured Party(ies) and address(es)	For Filing Officer (Date, Time, Number, and Filing Office)
Kellerberg Inc. Box 105 Earlville, Ia 52041	The State Bank of Earlville nka Community Savings Bank PO Box 77 Edgewood, Ia 52042	312-1927 DELAWARE COUNTY, IOWA FILED '90 FEB 28 AM 8 BOOK 25 PAGE 272 JOAN SHEPPARD RECORDER $5.00

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Original financing statement real estate record number 275-460, which identifies _____ as a record owner of the real estate.

Kellerberg Inc.

Date filed: August 27, 1985 Filed with Delaware County Recorder

Check one:

A. ☐ **CONTINUATION**..... The original financing statement between the foregoing Debtor and Secured party, bearing the file number shown above, is still effective.

B. ☐ **PARTIAL RELEASE**..... From the collateral described in the financing statement bearing the file number shown above, the Secured Party releases the property indicated below.

C. ☐ **ASSIGNMENT**..... The secured party certifies that the assignee, whose name and address is shown below, has been assigned the secured parties rights under the financing statement bearing the file number shown above in the property indicated below.

D. ☒ **TERMINATION**..... The Secured Party certifies that a security interest no longer is claimed under the financing statement bearing the file number shown above.

E. ☐ **AMENDMENT**..... The financing statement bearing the above file number is changed to show ☐ Name, identity, corporate structure, or address of Secured Party as indicated below; ☐ Name, identity, corporate structure, or address of Debtor Party as indicated below; ☐ as indicated below;

CHANGES:

Debtor Signature(s) necessary only if filing an amendment.

_____ (Debtor)
(Signature of Debtor)
(Necessary only when filing an amendment)

_____ (Debtor)
(Signature of Debtor)

(Type or Print name(s) (Iowa Code 335.2)

COMMUNITY SAVINGS BANK

By Jacqueline A Johnson
Signature of Secured Party (See instruction No. 2)

Jacqueline A. Johnson, Vice Pres. & Cashier Secured Party
(Type or Print name(s) (Iowa Code 335.2)

Date 2-27-90, 19____

Acknowledgement: (Complete whichever one is applicable). In the event of amendment, both Debtor and Secured Party signatures must be acknowledged. Use additional acknowledgement forms if necessary.

STATE OF IOWA, _____ COUNTY, ss

On this _____ day of _____, A. D. 19____, before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared _____

to me known to be the identical persons named in and who executed the within and foregoing instrument, and acknowledged that they executed this same as their voluntary act and deed.

_____

_____ Notary Public in and for the State of Iowa

STATE OF IOWA, _____ COUNTY, ss

On this _____ day of _____, A. D. 19____, before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared _____ and _____, to me personally known, who, being be my duly sworn, did say that they are the _____ and _____ respectively, of said corporation executing the within and foregoing instrument, that (no seal has been procured by the said) (the seal affixed thereto is the seal of said) corporation; that said instrument was signed (and sealed) on behalf of said corporation by authority of its Board of Directors; and that the said _____ and _____ as such officers acknowledged the execution of said instrument to be the voluntary act and deed of said corporation, by it and by them voluntarily executed.

_____

FILE No. 312-1927
RECORDING FEE $ 5.00
TRANSFER FEE $ _____

FILED FOR RECORD THE 28 DAY OF February, 19 90 AT 8:58 O'CLOCK A. M. BOOK 25 PAGE 272

STATE OF IOWA, DELAWARE COUNTY
Joan Sheppard, Recorder
TLM