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

1. Debtor(s) (Last Name First) and address(es)	2. Secured Party(ies) and address(es)	3. For Filing Officer (Date, Time, Number, and Filing Office)
UHLENKAMP, Anthony (Lessee) UHLEKAMP, Diane (Uhlenkamp) Rt. #2, Box 48 Edgewood, IA 52042	AgriStor Leasing (Owner) P. O. Box 2000 Elm Grove, WI 53122	31-238 DELAWARE COUNTY IOWA FILED '90 JUL 30 AM 11 06 BOOK 111 Page 111 JOAN SHEPPARD RECORDER Fee $5.00 ✓

4. **Check one only:**

☒ Original financing statement real estate record number #42-1937 Bk. 91 Pg. 156
Filed: May 24, 1982 Delaware Co.

RECORD OWNER: Lena Uhlenkamp

5. **Check only 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** .. The secured party releases the property indicated below from the collateral described in the financing statement bearing the file number shown above.

C. ☐ **ASSIGNMENT** ..... Except to the extent otherwise specified below, the secured party certifies that the assignee, whose name and address is shown below, has been assigned all the Secured Party's rights under the financing statement bearing the file number shown above.

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 file number shown above 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 ☐; Other, as indicated below ☐.

6. **CHANGES:**

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

_____ (Debtor)

15279
_____ (Debtor)

Type or Print all names (Iowa Code 335.2)

8. By _____
Signature of Secured Party (See instruction #2)

AGRISTOR LEASING (OWNER) Secured Party
Type or Print all names (Iowa Code 335.2)

Date July 23, 19 90

Fo 1. 1

FILE No. 31-238
RECORDING FEE $ 5.00
TRANSFER FEE $ _____

FILED FOR RECORD THE 30 DAY OF July, 1990 AT 11:06 O'CLOCK A. M. BOOK 111 PAGE 111

STATE OF IOWA, DELAWARE COUNTY
Joan Sheppard, Recorder
LM