UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS	NT	Document 2 Date 11/02 Rec Amt \$1	12022	3 Type 10 013 Time 9:50:32	Pages 2 AM
A. NAME & PHONE OF CONTACT AT FILER (optional)		Daneen Sch	indler,	RECORDER/REG	ISTRAR
B. E-MAIL CONTACT AT FILER (optional)		DELAWARE C	·	• -	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	.	7			
Farmers Savings Bank 205 Main Street, P.O. Box 127					
Colesburg, IA 52035-0127					
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING ST		R FILING OFFICE USE	
Documant 2012 4081, Type 10 011, Pages 2, Filed Novemb	er 29, 2012	(or recorded) in the h	REALESTATE	RECORDS m UCC3Ad) <u>and</u> provide Deb	
2. TERMINATION: Effectiveness of the Financing Statement identified Statement	above is terminated		_		
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affect	or 7b, <u>and</u> address led collateral in iten	of Assignee in item 7c <u>and</u> na n 8	me of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identifies continued for the additional period provided by applicable law	ed above with respe	ct to the security interest(s) of	Secured Party	authorizing this Continuat	ion Statement is
Check one of these two boxes.	em 6a or 6b; <u>and</u> iten	r address: Complete n 7a or 7b <u>and</u> item 7c 7a o	O name: Comple or 7b, <u>and</u> item 7	te itemDELETE name	Give record name item 6a or 6b
6a. ORGANIZATION'S NAME		<u>, 212 13110 (00 01 02)</u>			
6b. INDIVIDUAL'S SURNAME Lansing	·		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	ormation Change - provid	e only <u>one</u> name (7a or 7b) (use exact,	full name; do not on	nit, modify, or abbreviate any part	of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME	-			,	
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE C	overed collateral	ASSIGN collateral
Indicate collatera <u>l</u> :					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS			9b) (name of Ass	signor, if this is an Assignm	ent)
9a. ORGANIZATION'S NAME	ide name of authori:	ring Debtor			
Farmers Savings Bank					
9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form Documant 2012 4081, Type 10 011, Pages 2, Filed November 29, 2012 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME **Farmers Savings Bank** 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME OR 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Lansing Frederick 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 16. Name and address of a RECORD OWNER of real estate described in item 17 Parcel 2016-64 in the Southwest Quarter (SW (if Debtor does not have a record interest): 1/4) of the Southeast Quarter (SE 1/4) of Section Fourteen (14), Township 90 North, Range 3, West of the 5th P.M., Delaware County, Iowa,

2166.

18. MISCELLANEOUS:

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according to plat recorded in Book 2016, Page