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B. E-MAIL CONTACT AT FILER (optional) Document 2823 3988 Type 18 213 Pages 2 Date 12/11/2823 Time 8:48:47AM Rec Amt \$12.80 C. SEND ACKNOWLEDOMENT TO: (Name and Address) C. SEND ACKNOWLEDOMENT TO: (Name and Address) Daneen Schindler, RECORDER/REGISTRAR Daneen Schindler, RECORDER IN RECORDER IN The Recorder of the Recorder In			Book 20	11	i iii iiii iiii iiii iiii iii e 3080		1412
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1s. INTIAL FINANCING STATEMENT FILE NUMBER 1s. ON THE FINANCING STATEMENT AMENDMENT is to be filed (for record) Book 2016 Page 2040 2. TERRINATION: Effectiveness of the Financing Statement Identified above is termination with respect to the security interests) of Secured Party authorizing this Termination Statement 3. ASSIGNMENT (full or partial): Provide name of Assignee in Item 7a or 7a, and address or Assignee in Item 7a and 9a and after indicates affected collateral in fame 19 For partial assignment, complete items 7 and 9 and after indicates affected collateral in fame 19 For partial assignment, termination is item 19 For partial assignment, complete items 7 and 9 and after indicates affected collateral in fame 19 For partial assignment, termination is item 19 For partial assignment, complete items 7 and 9 and after indicates affected collateral in fame 19 For partial assignment, complete items 7 and 9 and after indicates affected collateral in fame 19 For partial assignment, complete items 7 and 9 and after indicates affected collateral in fame 19 FOR PARTY INFORMATION. CHANGE: AND Check data of finate time books to Complete items 10 and 19 an	507 17TH ST SE	□				/REG	ISTRAR
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Book 2016 Page 2040 For miscrotally in the rext, Est AT EXCURCED. TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement. Statement Termination 1 partial): Provide name of a data page of the security interests of Secured Party authorizing this Termination 1 per Party Provide name of a data also indicate affected collateral in least 9 per partial assignment, complete terms 7 and 9 and also indicate affected collateral in least 9 per partial assignment, complete terms 7 and 9 per partial assignment (provided by applicable law or security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law or security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law or security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law or secure of the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law or secure of the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law or secure of the security interest(s) of Secured Party authorizing this Continuation Statement is continued to the security interest(s) of Secured Party authorizing this Continuation Statement is continued to the security interest(s) of Secured Party authorizing this Continuation Statement is continued to the security interest(s) of Secured Party authorizing this Continuation Statement is continued to the security interest(s) of Secured Party authorizing this Continuation Statement is continued to the security interest to the security interest(s) of Secured Party authorizing this Continuation Statement is continued							
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OR 9b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX							
10. OPTIONAL FILER REFERENCE DATA:	OR .	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIA	L(S)	SUFFIX
Ronald J Wulfekuhle FSFL filing 2016RO2040 filed on 8/5/16	10. OPTIONAL FILER REFERENCE DATA:	16	<u>.</u>	ı	•		1

LLOW INSTRUCTIONS		-				
INITIAL FINANCING STATEMENT FILE NUMBER: Sar Book 2016 Page 2040	ne as item 1a on Amendment	form				
NAME OF PARTY AUTHORIZING THIS AMENDMENT:	Same as item 9 on Amendm	ent form				
12a. ORGANIZATION'S NAME Commodity Credit Corporation						
12b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
	٠- ,		THE ABOVE	SPACE IS FOR FILING O	FFICE US	SE ONLY
Name of DEBTOR on related financing statement (Namone Debtor name (13a or 13b) (use exact, full name; do not om					tion item 13	3): Provide on
13a. ORGANIZATION'S NAME						
13b, INDIVIDUAL'S SURNAME	ÎFIRST PE	RSONAL NAME		ADDITIONAL NAME(S)/INITI	IAL(S)	SUFFIX
TOD. INDIVIDUAL S GOTTANIE	1110.11	TOOTAL TAME		ABBITIOTOTE WATE(O)III.	,, (C)	00.117
ADDITIONAL SPACE FOR ITEM 8 (Collateral):					_	
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