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)	
Kalbach, Dennis Dexter, Ia. % XXXX 50070	Commodity Credit Corp. Madison Co. ASCS Co. Comm. Box 69 Winterset, Ia. 50273	FILED NO. 1303 BOOK 2 PAGE 701 C Ucc. Rec. 1984 JAN 23 AM 8:55 MARYE WELTY RECORDER	
4. Check one only:	1	140ISON COUNTY, IOWA	
Original financing statement real estate record number File #1713 Book 1 Page 642 Fee \$7.00			
	d current of the mal ordate. Howard Malkon	***************************************	
5. Check only one: A. CONTINUATION The original final above, is still	nancing statement between the foregoing Debtor and effective.	I Secured party, bearing the file number shown	
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 F the file number	MINATION 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:			

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

7. Debtor Signature(s) necessary only if filing an amendment:	8. ~ / \ /
(Debtor)	By Signature of Secured Party (See instruction #2)
(Debtor)	
(Oction)	Commodity Credit Corp. Secured Party Type or Print all names (lowa Code 335.2)
Type or Print all names (Iowa Code 335.2)	Date
Form Approved (7-1-91) By: MARY JANE ODELL Secretary of State	

1 FILING OFFICER COPY ALPHABETICAL