FOLLOW	FINANCING STATEMENT AM INSTRUCTIONS & PHONE OF CONTACT AT FILER (optional)		Re Pa Co Iov Co Re	corded: 3 ges 1 unty Rec va E-Filin mbined F venue Ta	ording Fee: 9 g Fee: \$3.00 ee: \$10.00 x:	
STE	PHANIE JOHNSON 515-987-2116	X517			RECORDER unty, lowa	
B. E-MAI	L CONTACT AT FILER (optional)		1		•	
C. SEND	ACKNOWLEDGMENT TO: (Name and Addre	(22)			LC IN NW N' DUM ATTACI	
			NO PG 2	ADDENL	OW ATTACI	пси
	JANA SAVINGS BANK 390 HOLCOMB CT					
	LIVE IA 50325		E			
			TUE 4.54			
	FINANCING STATEMENT FILE NUMBER		1b. This FINANCING	STATEMENT AM	OR FILING OFFICE U	
	X 2021 PAGE 2489		(or recorded) in the Filer: attach Amend	ie REAL ESTATE ment Addendum (Fo	RECORDS orm UCC3Ad) and provide:	Debtor's name in item 13
2. Z TEF	RMINATION: Effectiveness of the Financing Statement	nent identified above is terminated v	vith respect to the securit	y interest(s) of Se	ecured Party authorizing	this Termination
3. ASS	SIGNMENT (full or partial): Provide name of Assignantial assignment, complete items 7 and 9 and also	nee in item 7a or 7b, <u>and</u> address of indicate affected collateral in item 8	Assignee in item 7c and	name of Assigno	r in item 9	-
4. COI	NTINUATION: Effectiveness of the Financing Stat	ement identified above with respect		of Secured Part	Authorizing this Contin	nuation Statement is
	nued for the additional period provided by applicable TY INFORMATION CHANGE:	e law				
This Char 6. CURRE	e of these two boxes: nge affects Debtor of Secured Party of record NT RECORD INFORMATION: Complete for Part GANIZATION'S NAME		ddress: Complete a or 7b <u>and</u> item 7c	DD name: Compl a or 7b, <u>and</u> item		me: Give record name d in item 6a or 6b
OR 6b. IND	IVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S	S) SUFFIX
7. CHANG	ED OR ADDED INFORMATION: Complete for Assig	nment or Party Information Change - provide o	nly <u>one</u> name (7a or 7b) (use exa	ict, full name; do not o	mit, modify, or abbreviate any p	part of the Deblor's name)
JSB	GANIZATION'S NAME B, LLC IVIDUAL'S SURNAME					
IND	IVIDUAL'S FIRST PERSONAL NAME					
IND	IVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING	ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
						COOMINI
	LATERAL CHANGE: <u>Also</u> check <u>one</u> of these four te collateral:	boxes: ADD collateral	DELETE collateral	RESTATE	overed collateral	ASSIGN collateral
	OFOLIOFO DATE:					
. NAME O	F SECURED PARTY OF RECORD AUTHOR Amendment authorized by a DEBTOR, check here	RIZING THIS AMENDMENT: Pro	ovide only <u>one</u> name (9a o Debtor	9b) (name of Ass	ignor, if this is an Assign	iment)
, title 19 en	ANIZATION'S NAME					
9a. ORG	NA SAVINGS RANK					
9a. ORG	NA SAVINGS BANK VIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	IAL NAME(S)/INITIAL(S)	SUFFIX