Date stamped by Julian Code: EXAMPLE: 87 182 09 00243 _87: Year		For Secretary of State Office Use Filling						2008011	
182: Number of days counted from Jan. 1 Cash U								100897.1	
00243; Document number Account #									
PLEASE TYPE THE INFORMATION ON THIS FORM ACCORDING TO ALL INSTRUCTIONS PRINTED ON THE BACK OF THE UCC & FORM Debtor Name Social Security Secured party and Address 147134634									
1. Purcell, Cathy L							994 JUN 20 PM 2: 43		
2				HOME FEDERAL SAVINGS BANK SUE NEISTIETE					
3.				HOME FEDERAL SAVINGS BANK SUE NEUSTIFTER PO BOX 5000 SIOUX FALLS SD 57117-5000 REGISTER OF DEEDS					
4				Assignee of Secured Party and Address					
Mailing Address 1908 East 19th 1	3.9	Emp	oloyer ID #						
Lawrence, KS 660									
THIS STATEMENT REFERS TO	L FINANCI	NG STAT		1262 (Limited to one transaction per UCC 3)					
DATED July 25	no university		FILED		uglas Count	Andrew Manager			
TERMINATION The financing statement bearing the above file number is still effective, security interest under			onger claims a The secured party		releases the collateral from the financing	The secur	IGNMENT red party's rights to the rescribed below under the	The financing statement bearing the above file number is amended as set	
Must be signed by secured party for UCC 3: secured party and debtor for number. Must be signed		bearing the at	ove file	statement bearing	the above file number. by secured party for	statement b	earing the above file number assigned to the assignee	forth below. Must be signed by both debtor and secured party for UCC 3 and	
Effective Financing Statement, party.					party and debtor for g Statement.	above right	me and address are listed. Must be signed by secured	Effective Financing Statement.	
							UCC 3; secured party and or Effective Financing		
Fee: Non-Ag 53 and 52° Fee: Non-Ag 52 and 52° Ag 58 and 52° Ag 53 and 52°				Fee: Non-Ag \$3 : Ag \$8 :		Fee: Non-	Ag \$3 and \$1° Ag \$8 and \$1°	Fee: Non-Ag \$3 and \$2° Ag \$8 and \$2°	
*For each additional debtor name *For each additional debto					al debtor name	*For each additional debtor name		*For each additional debtor name	
	Refric	gerator,	OCEEDS of	f collateral are	also covered.	ODUCTS o	f collateral are also cove G STATEMENT (EFS)		
			filing in ac	cordance with t	ne Food Security Ac	COUNTY			
FARM PRODUCT			CODE	YEAR	QUANTITY	CODE	LOCA	LOCATION IN COUNTY	
P	ay proceeds	to Debtor and	d Secured I	Party unless other	rwise checked: 🚨	Secured Pa	rty only 🚨 Debtor only		
Number of Additional Sheets, i	f any:					/	1		
Filed with the Secretary of State as	B 🗆 EFS	□ во	тн	HOME FEDERAL SAVENGS/BENK					
					Da	t Scot	Signature of Secur t/VP/Loan Ser		
Signature(s) of Debto	r(s)	T11 D 41	COTA FINIA	NOING STAT	CALENT	A DDD OVED STA	NDARD FORM	

STATE OF SOUTH DAKOTA FINANCING STATEMENT-APPROVED STANDARD FORM
Secretary of State
500 E. Capitol • Pierre, SD 57501-5089 • 605-773-4422