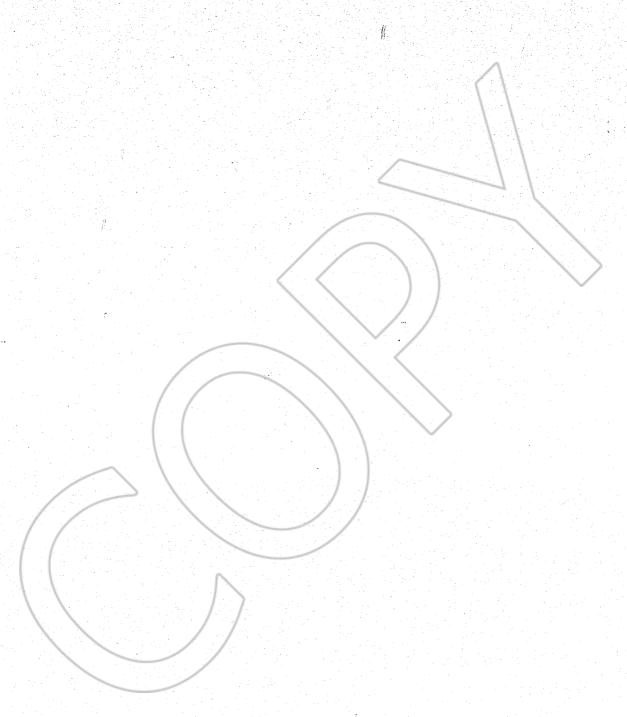
NAME & PHONE OF CONTACT AT FILER [optional]		restreet. We rectificate interesting the responsibility	rais Stockhom, e 1900e or
Groen			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
Prinsburg State Bank			
PO Box 38			
Prinsburg, MN 56281		\	1
	/		1
	_		1
	THE ABO\	E SPACE IS FOR FILING OFFICE	
INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATE to be filed [for record] (c	
425564, Book 1197, Pg 0621-0623  TERMINATION: Effectiveness of the Financing Statement identification.	and a large in to recipe to divisity received to good view interpretties	REAL ESTATE RECOR	DS.
CONTINUATION: Effectiveness of the Financing Statement ider continued for the additional period provided by applicable law.	fulled above with respect to scounty interest(s) or the	sociou (air, autilioniling airs seminar	
ASSIGNMENT (full or partial): Give name of assignee in item 7a	or 7b and address of assignee in item 7c; and also give r	ame of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affect		only <u>one</u> of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate informations CHANGE name and/or address: Please refer to the detailed instructions	mation in items 6 and/or 7.	ADD name: Complete item also complete items 7e-7g (i	7a or 7b, and also item 7c
in regards to changing the name/address of a party.	to be deleted in item 6a or 6b.	also complete items 7e-7g (i	fapplicable).
CURRENT RECORD INFORMATION:  [6a, ORGANIZATION'S NAME]		MeNer Bayring	
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Johann Grander Martin P. Start Registration and the con-			
CHANGED (NEW) OR ADDED INFORMATION:  17a. ORGANIZATION'S NAME			e a see en e
7a. ORGANIZATION S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
SEE INSTRUCTIONS   ADD'L INFO RE   7e. TYPE OF ORGANIZA	ATION 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID#,	if any
ORGANIZATION DEBTOR			Пис
AMENDMENT (COLLATERAL CHANGE): check only one box.	/ / _		
Describe collateral deleted or added, or give entire restate	ed collateral description, or describe collateral as	signed.	
\ / /			
\ / /			
NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT (name of assignor, if this is an A	ssignment). If this is an Amendment aut	horized by a Debtor whi
adds collateral or adds the authorizing Debtor, or if this is a Termination	authorized by a Debtor, check here and enter name	of DEBTOR authorizing this Amendme	ent.
9a. ORGANIZATION'S NAME			
Prinsburg State Bank, PO Box 38, Prinsbur	g, MN 56281	MIDDLE NAME	SUFFIX
SE RESTRIBUTE O ENGLISHMENT	The state of the s		
OPTIONAL FILER REFERENCE DATA			
OPTIONAL FILER REFERENCE DATA SA Investments (Douglas Cty - NV)	· · · · · · · · · · · · · · · · · · ·		



REQUESTED BY

S B C redit Services

IN OFFICIAL RECORDS OF

DOUGLAS CO.. NEVADA

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LINDA SLATER RECORDER

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