

Plan Swift

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND-ACKNOWLEDGMENT TO: (Name and Address)
John Chapman Sheila Chapman 108 S. 9th Street Manchester, Iowa 52057



Book 2019 Page 1773

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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME			
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Rogers	Gregory	Ralph	
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY
1110 E. Main Street	Manchester	Ia	52057 USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Rogers	Tennille	Marie	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY
1110 E. Main Street	Manchester	Ia	52057 USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Chapman	John and/or Sheila		
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY
108 S. 9th Street	Manchester	Ia	52057 USA

4. COLLATERAL: This financing statement covers the following collateral:

All of Debtor's inventory now owned or hereafter acquired; all accounts, Deposit Accounts, Investment Property, Letter of Credit Rights, Supporting Obligations, now existing or hereafter arising, together with all interest of Debtor in any goods, the sale or lease of which give rise to any of Debtor's accounts, and all chattel paper, documents and instruments relating to accounts; all of Debtor's equipment now owned or hereafter acquired; all of Debtor's fixtures on the real estate as described; pinsetters and spare parts; lanes and framework; ball returns and equipment; bowling balls; bowling ball racks; bowling shoes; air compressor; lane oiler; desktop computers; software; all bowling software; drill presses and jigs; sanders; bars, benches and tables; chairs and stools; epoxy jigs and accessories; cleaning equipment and supplies; televisions; taps, kegs, and equipment; refrigerators and coolers; ice machines and stand alone freezers; cash registers and point of sale equipment; desks and chairs; signs related to the lounge or bowling center; stove; fryers; preparation tables, cabinets and shelving; all food and beverage items on stock

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

OR 9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR 10b. INDIVIDUAL'S SURNAME

Rogers

INDIVIDUAL'S FIRST PERSONAL NAME

Gregory

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

Tennille

SUFFIX

10c. MAILING ADDRESS

1110 E. Main Street

CITY

Manchester

STATE

Ia

POSTAL CODE

COUNTRY

USA

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR 11b. INDIVIDUAL'S SURNAME

Chapman

FIRST PERSONAL NAME

John

ADDITIONAL NAME(S)/INITIAL(S)

Sheila

SUFFIX

11c. MAILING ADDRESS

108 S. 9th Street

CITY

Manchester

STATE

Ia

POSTAL CODE

52057

COUNTRY

USA

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut

☐ covers as-extracted collateral

☒ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

Gregory and Tennille Rogers

16. Description of real estate:

Part of the Southwest Quarter (SW 1/4) of the Southeast Quarter (SE1/4), Section Twenty-eight (28), Township Eighty-nine (89) North, Range Five (5), West of the 5th P.M., described as commencing at a point 363.0 feet East of the Southwest corner of the Southwest Quarter (SW1/4) of the Southeast Quarter (SE1/4) and running thence North 280.0 feet, thence East 175.0 feet, thence South 280.0 feet, thence West 175.0 feet to the point of beginning, Delaware County, Iowa

17. MISCELLANEOUS: