Thomas J. Trons (273) 248-3900 B. EMAIL CONTACT AT FILER (coptional) Thomas J. Trons (273) 248-3900 C. SEND ACKHOWLEDGMENT TO: (Name and Address) The ABOVE SPACE IS FOR FILING DEFIDE USE ONLY 1. DESTOR'S NAME: Provide only gas bother name (is or 13) lave exact, fill name of not end, modify, or individual any part of the Debty's name). If any part of the Individual Contact name are not in in the 10-, have a of film 1 blob., check have and provide the technique of the Individual Papers and the Individual Papers and Individual Papers a			Iowa E-Filir Combined I Revenue Ta Delaware C	ng Fee: Fee: \$1 ax: County, nindler	5.00 Iowa RECORDER	
Thomas J. Irons (972) 248-3900 G. EMAL CONTACT AT FILER (ceptional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) The above space is FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DESTOR'S NAME: Provide with act Outbur name (to or 10) lease cases, like issues, do not entil, modify, or extracted support of the Individual Celebratic Information in Item 10 of the Financing Statement Address on the Individual Celebratic Information in Item 10 of the Financing Statement Address of the Statement Address of the Individual Celebratic Information in Item 10 of the Financing Statement Address of the Individual Celebratic Information in Item 10 of the Financing Statement Address of the Individual Celebratic Information in Item 10 of the Financing Statement Address of the Individual Celebratic Information in Item 10 of the Financing Statement Address of the Individual Celebratic Information in Item 10 of the Financing Statement Address of the Individual Celebratic Information I	UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
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Thomas J. Irons, Esq. 12655 North Central Expressway, Suite 1016 Dallas, Texas 75243 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. 1. DESTOR'S NAME: Provide only and Doubt reams (is or this (one start, find some do not find from this, leave all of finnt 1 blank, closed here and provide the beddiesal Debter information in Zen. to of the Francing Statement Addendum (Form UCC144) 15. ORGANIZATION'S NAME Shree 327 Ambb LLC 16. INDIVIDUAL'S BURNAME 17. INDIVIDUAL'S BURNAME 18. INDIVIDUAL'S BURNAME 18. INDIVIDUAL'S BURNAME 18. INDIVIDUAL'S BURNAME 18. INDIVIDUAL'S BURNAME 29. DESTOR'S NAME: Provide only and Debter name (25 or 25) (sease word, bit name; to not or ord, moth, ord above risk as my pact of the Medicinal Debter information in Zen. to of the Financing Statement Addendum (Form UCC144) 29. DESTOR'S NAME: Provide only and Debter name (25 or 25) (sease word, bit name; to not ord ord, not above risk as my pact of the Medicinal Debter information in Zen. to of the Financing Statement Addendum (Form UCC144) 29. DESTOR'S NAME: Provide only and Statement (25 or 25) (sease word, bit name; to not ord ord, not show that as my pact of the Medicinal Debter information in Zen. to of the Financing Statement Addendum (Form UCC144) 29. DESTOR'S NAME: Provide only and Statement (25 or 25) (sease word, bit name; to not not ord, ord show that the sine 2, leave at of them 2 blank, check here and poor debter information in Zen. to the Financing Statement Addendum (Form UCC144) 29. DESTOR'S NAME: Provide only and them 2 blank, check here and poor debter information in Zen. to the Financing Statement Addendum (Form UCC144) 20. DESTOR'S NAME: Provide only and them 2 blank, check here and poor debter information in Zen. to the Financing Statement Addendum (Form UCC144) 20. DESTOR'S NAME: Provide only and them 2 blank in a Trust (pec UCC144, Name 17 and instruction) 20. NORMONIAL'S BURNAME 20. DESTOR'S NAME: Provide only and them 2 blank in a Trust (pec UCC144, Name 17 and instruction) 20. Debter on the Statement S	B. E-MAIL CONTACT AT FILER (optional)					
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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 Ba. ORGANIZATION'S NAME Shivam Hospitality LLC 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 malling address in line 10c 10a, ORGANIZATION'S NAME OR 105. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) COUNTRY STATE POSTAL CODE CITY 10c. MAILING ADDRESS 11. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a, ORGANIZATION'S NAME OR ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 115, INDIVIDUAL'S SURNAME FIRST PERSONAL NAME POSTAL CODE COUNTRY CITY 11c. MAILING ADDRESS 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 filling 16. Description of real estate; 15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): Lot One (1) of Hotel Subdivision Part of the NE 1/4 of the NE 1/4 of Section 31, T89N, R5W of the Fifth P.M., City of Manchester, Delaware County, Iowa, according to plat recorded in Book 2020, Page 654. 17. MISCELLANEOUS: