		BOOK ZUZ	z raye zuc	13		
UCC FINANCING STATEMENT AMEND	Document 2022 2063 Type 10 013 Pages 2 Date 7/06/2022 Time 12:21:52PM Rec Amt \$12.00					
FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional) Rylie Waite 563-927-4250	Daneen Schindler, RECORDER/REGISTRAR DELAWARE COUNTY IOWA					
B. E-MAIL CONTACT AT FILER (optional)		DELAWARE C	JUNIT IUWA			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		-				
Commody Credit Corporation]					
WXc/o Delaware County Farm Service A	Agency					
200 South 12th St						
Manchester, IA 52057	,					
L_		THE ABOVE	SPACE IS FOR FILIN	IC OFFICE USE 4	ONL W	
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING ST				
2015/614		(or recorded) in the F	REAL ESTATE RECORD nt Addendum (Form UCC3/	os		
2. TERMINATION: Effectiveness of the Financing Statement idea Statement	ntified above is terminated					
ASSIGNMENT (full or partial): Provide name of Assignee in its For partial assignment, complete items 7 and 9 and also indicate	em 7a or 7b, <u>and</u> address affected collateral in item	of Assignee in item 7c <u>and</u> na n 8	me of Assignor in item S	3		
4. CONTINUATION: Effectiveness of the Financing Statement is continued for the additional period provided by applicable law	dentified above with respe	ct to the security interest(s) of	Secured Party authoriz	ing this Continuation	on Statement is	
5. PARTY INFORMATION CHANGE:					<u>-</u>	
Check one of these two boxes:	Check one of these three					
This Change affects Debtor or Secured Party of record	CHANGE name and/o item 6a or 6b; and item	17a or 7b <u>and</u> item 7c7a o	name: Complete item or 7b, <u>and</u> item 7c	DELETE name: 0 to be deleted in it	Give record name tem 6a or 6b	
CURRENT RECORD INFORMATION: Complete for Party Inform 6a. ORGANIZATION'S NAME	ation Change - provide onl	y <u>one</u> name (6a or 6b)				
G S Racing & Farm LLC						
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or	Party Information Change - provid	e only <u>one</u> name (7a or 7b) (use exact,	full name; do not omit, modify,	or abbreviate any part of	the Debtor's name)	
7a. ORGANIZATION'S NAME		_				
OR 7b, INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX	
Zo MANUNO ADDDESO		· .				
7c. MAILING ADDRESS	CITY		STATE POSTA	_ CODE	COUNTRY	
9 COLLATERAL CHANCE						
COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	DELETE collateral	RESTATE covered or	allateral A	SSIGN collateral	
·						
			.			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here an	THIS AMENDMENT: d provide name of authoriz		b) (name of Assignor, if	ihis is an Assignmen	nt)	
9a. ORGANIZATION'S NAME	•	<u> </u>				
Commodity Credit Corporation c/o D	elaware Coun	ty Farm Service	Agency			
9b. INDIVIDUAL'S SURNAME	FIRST PERSO		ADDITIONAL NAM	E/S/MITIAL/S)	SUFFIX	

10. OPTIONAL FILER REFERENCE DATA:

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 2015/614 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME Commodity Credit Corporation C/O Delaware County Farm Service Agency 12b. INDIVIDUAL'S SURNAME

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME

OR

13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):