		County Rec	ording Fee		1
		Iowa E-Filing Fee: \$3.00			
UCC FINANCING STATEMENT		Combined Fee: \$15.00 Revenue Tax:			
FOLLOW INSTRUCTIONS		Delaware County, Iowa			
A. NAME & PHONE OF CONTACT AT FILER (optional)		Daneen Schindler RECORDER			
Hannah Wille		BK: 2023 F	PG: 1707		
E-MAIL CONTACT AT FILER (optional)					
hannah.wille@csbiowa.com	,				
SEND-ACKNOWLEDGMENT TO: (Name and Address	) <u> </u>				
Community Savings Bank 101 E Union St	1				
Edgewood, IA 52042					
2480004, 11.020.12	1				
<del>_</del>	<b>-</b>	THE ABOVE	SPACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b name will not fit in line 1b, leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME	o) (use exact, full name; do not omit, mod				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME		NAL NAME(S)/INITIAL(S)	SUFFIX
Loring MAILING ADDRESS		Elaine		Lillian STATE IPOSTAL CODE	
8868 MM Ave	Iowa Falls			IA 50126	
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Jass MAILING ADDRESS	Tyler	AME	Harr STATE	POSTAL CODE	COUNTRY
Jass	Tyler	AME	Harr	n	
Jass MAILING ADDRESS 3823 Keystone Ave SECURED PARTY'S NAME (or NAME of ASSIGNEE of A	Tyler  CITY  Iowa Falls		Harr STATE IA	POSTAL CODE 50126	COUNTRY
Jass MAILING ADDRESS 3823 Keystone Ave SECURED PARTY'S NAME (or NAME of ASSIGNEE of A 38. ORGANIZATION'S NAME	Tyler  CITY  Iowa Falls		Harr STATE IA	POSTAL CODE 50126	COUNTRY
Jass MAILING ADDRESS 3823 Keystone Ave SECURED PARTY'S NAME (or NAME of ASSIGNEE of A	Tyler  CITY  Iowa Falls	only <u>one</u> Secured Par	Harr STATE IA ty name (3a or 3b	POSTAL CODE 50126	COUNTRY
Jass  MAILING ADDRESS  3823 Keystone Ave  SECURED PARTY'S NAME (or NAME of ASSIGNEE of A  3a. ORGANIZATION'S NAME  Community Savings Bank	Tyler CITY Lowa Falls SSIGNOR SECURED PARTY): Provide	only <u>one</u> Secured Par	Harr STATE IA ty name (3a or 3b	POSTAL CODE 50126	COUNTRY

## **UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a, ORGANIZATION'S NAME 12b. INDIVIDUAL'S SURNAME Loring FIRST PERSONAL NAME Elaine ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Lillian 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): 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: covers timber to be cut covers as-extracted collateral dis filed as a fixture filing PMSI - All fixtures on property locally known 16. Name and address of a RECORD OWNER of real estate described in item 17 at 25939 206th Ave., Manchester, IA 52057, (if Debtor does not have a record interest): being a cabin on leased land owned by Junior Junior Schneider Schneider in the SW 1/4 SE 1/4 SEC. 23 - 88N -R5, West of the 5th P.M. Parcel ID #000250230100509, Delaware County, IA.

18. MISCELLANEOUS:

AND PMSI one boat lift