| CC FINANCING STATEMENT PLICOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional) | | | 78/7073 | at 2:45:03.0 PM | |
|---|----------------------------------|--|---------------|-------------------------------------|---------|
| NAME & PHONE OF CONTACT AT FILER (optional) | | County Recording Fee: \$12.00 Iowa E-Filing Fee: \$3.00 Combined Fee: \$15.00 Revenue Tax: Delaware County, Iowa Daneen Schindler RECORDER | | | |
| NAME & PHONE OF CONTACT AT FILER (optional) | | | | | |
| NAME & PHONE OF CONTACT AT FILER (optional) | | | | | |
| | | | | | |
| Hannah Wille | | BK: 2023 PG | | .ORDER | |
| E-MAIL CONTACT AT FILER (optional) | | D.K. 2023 C | ,,_ | | |
| hannah.wille@csbiowa.com | | | | | |
| SEND-ACKNOWLEDGMENT TO: (Name and Address) | | | | | |
| Community Savings Bank 101 E Union St | | | | | |
| Edgewood, IA 52042 | | | | | |
| Eugewoou, 1A 32042 | | | | | |
| | _ _ | THE ABOVE OF | 0ACE 18 EC | R FILING OFFICE USE | ONI V |
| DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exa | nct full name: do not omit mod | | | | |
| <u> </u> | rovide the Individual Debtor inf | | | | |
| 1a. ORGANIZATION'S NAME | | | | | |
| | | | 1.00.7.0 | | SUFFIX |
| 1b. Individual's surname Bonewitz | Nicholas | FIRST PERSONAL NAME | | ADDITIONAL NAME(S)/INITIAL(S) John | |
| MAILING ADDRESS | CITY | | | STATE I POSTAL CODE | |
| 117 W Cedar Wapsie Rd | Cedar Falls | | IA | 50613 | USA |
| MAILING ADDRESS | CITY | CITY | | STATE POSTAL CODE | |
| | | | | | COUNTRY |
| | | | | | COUNTRY |
| SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR | R SECURED PARTY): Provide | only one Secured Party n | ame (3a or 3b | | COUNTRY |
| 3a. ORGANIZATION'S NAME | R SECURED PARTY): Provide | only <u>one</u> Secured Party n | ame (3a or 3b | | COUNTRY |
| | R SECURED PARTY): Provide | | | | SUFFIX |
| 3a. ORGANIZATION'S NAME Community Savings Bank | | | |) | |

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 **Bonewitz** FIRST PERSONAL NAME Nicholas ADDITIONAL NAME(S)/INITIAL(S) SUFFIX John 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 📝 is filed as a fixture filing PMSI - All fixtures and a cabin on leased land, 16. Name and address of a RECORD OWNER of real estate described in item 17 part of Schneider land, Milo township, Section (if Debtor does not have a record interest): 23-88-5, locally known as 25927 206th Avenue, Bruce Schneider Manchester, IA 52057. Parcel 250230100409, Delaware County, Iowa.

18. MISCELLANEOUS: