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## UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS

Book 20	24 Page	e 43	

Document 2024 43 Type 10 013 Pages 2 Date 1/04/2024 Time 12:15:49PM Rec Amt \$12.00

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)	-				R/REGISTRAR
Rylie Waite 563-927-4250		DELAWARE	COUNTY	IOWA	
B. E-MAIL CONTACT AT SUBMITTER (optional)				- I	-
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		4			
		i			
Commodity Credit Corporation					
c/o Delaware County Farm Service Agency	J				
200 S 12th Street					
Manchester, IA 52057					
OFF RELOW FOR OFFICER PARTY OF THE PARTY OF		İ			-
SEE BELOW FOR SECURED PARTY CONTACT INFORMATI  1a. INITIAL FINANCING STATEMENT FILE NUMBER	ION			R FILING OFFICE	
2019/1200		(or recorded) in the RE	AL ESTATE RE	CORDS	•
	and a standard with an a	Filer: attach Amendme			
2. TERMINATION: Effectiveness of the Financing Statement identified above is te	erminated with res	pect to the security interest(s) of	Secured Part(y	)(les) authorizing this	Termination Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address of As	signee in item 7c a	and name of Assignor in item 9			<del></del>
For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in I	tem 8 and describ	e the affected collateral in item 8	3		
4. CONTINUATION: Effectiveness of the Financing Statement identified above wadditional period provided by applicable law	ith respect to the	security interest(s) of Secured P	arty authorizing	this Continuation State	ement is continued for th
5. PARTY INFORMATION CHANGE:	<del></del>				
	of these three bo				
This Change affects Debtor or Secured Party of record CHAN	GE name and/or a	address: Complete ADD 7a or 7b and item 7c 7a or	name: Comple	te item DELETE	name: Give record name ted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change	- provide only one	name (6a or 6b)	70, <u>and</u> kein 70	C Lope dele	eed in item 6a or 6b
6a, ORGANIZATION'S NAME					<del>-</del>
		•			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITION	NAL NAME(Š)/INITIAL	(S) SUFFIX
Schnieders	Michael		John		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	Change - provide only	one name (7a or 7b) (use ekact, full na	ne; do not omit, mo	dify, or abbreviate any part	of the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S SURNAME					
70. INDIVIDUALS SURVAME					
INDIVIDUAL'S FIRST PERSONAL NAMÉ		<del></del>			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		(			SUFFIX
		•			
7c. MAILING ADDRESS	CITY	<del>:</del>	STATE	POSTAL CODE	COUNTRY
		•			
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	o collateral	DELETE collateral	RESTATE co	overed collateral	ASSIGN* collatera
Indicate collateral: *Check AS	SIGN COLLATERAL O	nly if the assignee's power to amend the	e record is limited to	certain collateral and descr	ibe the collateral in Section 8
_				\	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	ENDMENT: Prov	ride only <u>one</u> name (9a or 9b) (n	ame of Assigno	r, if this is an Assignme	ent)

	NAME OF SECURED PARTY OF RECORD AUTHORIZING f this is an Amendment authorized by a DEBTOR, check here and		9b) (name of Assignor, if this is an Assignment)				
	9a. ORGANIZATION'S NAME						
OR	Commodity Credit Corporation						
	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			

UCC FINANCING STATEMENT AMENDMENT ADDENDUM **FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 2019/1200 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 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 **Schnieders** Susan Marie 14. ADDITIONAL SPACE FOR (CHECK ONE BOX): OTHER INFORMATION (Please Describe) ITEM 8 (Collateral) OR 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: covers timber to be cut covers as-extracted collateral is

16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): is filed as a fixture filing

18. MISCELLANEOUS: