## UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS

10. OPTIONAL FILER REFERENCE DATA:

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A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)  Rylie Waite 563-927-4250	Daneen Schindler, RECORDER/REGISTRAR DELAWARE COUNTY IOWA					
B. E-MAIL CONTACT AT SUBMITTER (optional)		DEL/MINE	-			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		4				
rachadas	_					
Commodity Credit Corporation						
c/o Delaware County Farm Service Agency 200 S 12th Street						
Manchester, IA 52057		J				
<b>∤                                    </b>						
SEE BELOW FOR SECURED PARTY CONTACT INF	ORMATION	THE ABOVE	SPACE IS FO	R FILING OFFICE USE	ONLY	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2019/544	,	(or recorded) in the RE	AL ESTATE RE	DMENT is to be filed [for reco	•	
2. TERMINATION: Effectiveness of the Financing Statement identified a	bove is terminated with re	spect to the security interest(s) o	ent Addendum (I f Secured Part()	Form UCC3Ad) and provide D y)(ies) authorizing this Termina	Debtor's name in ation Statement	
ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and add	roop of Assistance in New York	and area of Andrews in New O				
For partial assignment, complete items 7 and 9; check ASSIGN Collater	al box in Item 8 and descri	be the affected collateral in item	8			
<ol> <li>CONTINUATION: Effectiveness of the Financing Statement identifier additional period provided by applicable law</li> </ol>	d above with respect to the	security interest(s) of Secured F	Party authorizing	this Continuation Statement	is continued for the	
5. PARTY INFORMATION CHANGE:			·_			
Check one of these two box-	Check one of these three b					
This Change affects Debtor or Secured Party of record	CHANGE name and/or item 6a or 6b; <u>and</u> item	1.7a or 7b and item 7c II7a o	name: Comple r 7b, <u>and</u> item 7	ete item DELETE name: c to be deleted in i	Give record name tem 6a or 6b	
CURRENT RECORD INFORMATION: Complete for Party Informatio     6a. ORGANIZATION'S NAME	n Change - provide only <u>o</u>	<u>ne</u> name (6a or 6b)				
OR						
6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
Knipper	Bruce		Aller			
<ol> <li>CHANGED OR ADDED INFORMATION: Complete for Assignment or Party [7a, ORGANIZATION'S NAME</li> </ol>	Information Change - provide on	ly <u>one</u> name (7a or 7b) (use e <b>k</b> act, full na	me; do not omit, mo	dify, or abbreviate any part of the De	btor's name)	
7b. INDIVIDUAL'S SURNAME	<del></del>	<u>-</u>				
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				<del></del>	SUFFIX	
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
3. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE co	overed collateral A	SSIGN* collateral	
Indicate collateral:	*Check ASSIGN COLLATERAL	only if the assignee's power to amend th	e record is limited to	certain collateral and describe the c	ollateral in Section 8	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TO	HIS AMENIDMENT: Dec	wide only one name (On or Oh) (r	amo of Assissa	e if this is an Assignment		
If this is an Amendment authorized by a DEBTOR, check here and pro	vide name of authorizing l	Debtor	iaille oi Assigno	n, in unio io am Assigniment)		
9a. ORGANIZATION'S NAME						
Commodity Credit Corporation	In					
9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITION	VAL NAME(S)/INITIAL(S)	SUFFIX	

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

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**FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 2019/544 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) SUFFIX 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 Knipper Karen Marie 14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Collateral) OR OTHER INFORMATION (Please Describe) 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 is filed as a fixture filing (if Debtor does not have a record interest): 18. MISCELLANEOUS: