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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

A. NAME & PHONE OF CONTACT AT FILER (optional) UCC COORDINATOR (813) 490-3400
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
ISPC 1115 GUNN HWY STE 100 ODESSA FL 33556
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	MOZINGO	HOPE		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
123 W BUTLER ST		MANCHESTER	IA	52057
				COUNTRY
				US

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	MOZINGO	KAITLYN	A/K/A KAITLYN SALOW	
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
123 W BUTLER ST		MANCHESTER	IA	52057
				COUNTRY
				US

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME				
ISPC				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
1115 GUNN HWY STE 100		ODESSA	FL	33556-5324
				COUNTRY
				US

4. COLLATERAL: This financing statement covers the following collateral:

Water Conditioner Equipment. Secured Party's interest in the collateral, which is or may become a fixture, does not extend to the real property to which the collateral is affixed.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

DELAWARE COUNTY, IOWA

ISPC FILE # 1787532

WH

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

	9a. ORGANIZATION'S NAME			
OR	9b. INDIVIDUAL'S SURNAME	MOZINGO		
	FIRST PERSONAL NAME	HOPE		
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

	10a. ORGANIZATION'S NAME				
OR	10b. INDIVIDUAL'S SURNAME				
	INDIVIDUAL'S FIRST PERSONAL NAME				
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		

10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

	11a. ORGANIZATION'S NAME			
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

HOPE MOZINGO
KAITLYN MOZINGO A/K/A KAITLYN SALOW
123 W BUTLER ST
MANCHESTER, IA 52057

LOT K, IOWA LAND COMPANY'S SUB'D OF A PART OF MANCHESTER, REC'D IN BOOK 4, L.D., PG 514; COMMENCING AT A POINT 66 FEET EAST OF THE NW CORNER OF THE SOUTH 1/2 OF LOT K; THENCE SOUTH 125 FEET; THENCE EAST 66 FEET; THENCE NORTH 125 FEET, THENCE WEST 66 FEET TO PLACE OF BEGINNING, DELAWARE COUNTY, IOWA BK 2021, PG 3578

17. MISCELLANEOUS:
DELAWARE COUNTY, IOWA

ISPC FILE # 1787532