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## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

Daneen Schindler, RECORDER/REGISTRAR  
DELAWARE COUNTY IOWA

A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)

UCC COORDINATOR (813) 490-3400

B. E-MAIL CONTACT AT SUBMITTER (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

HERMANSON

FIRST PERSONAL NAME

MORGAN

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

713 E UNION ST

CITY

MANCHESTER

STATE

IA

POSTAL CODE

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

HERMANSON

FIRST PERSONAL NAME

FAITH

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

713 E UNION ST

CITY

MANCHESTER

STATE

IA

POSTAL CODE

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

1115 GUNN HWY STE 100

CITY

ODESSA

STATE

FL

POSTAL CODE

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:

DELAWARE COUNTY, IOWA

ISPC FILE # 1824315

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 ☐

|    |                                       |        |
|----|---------------------------------------|--------|
| OR | 9a. ORGANIZATION'S NAME               |        |
|    |                                       |        |
|    | 9b. INDIVIDUAL'S SURNAME<br>HERMANSON |        |
|    | FIRST PERSONAL NAME<br>MORGAN         |        |
|    | 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

|    |  |  |  |        |
|----|--|--|--|--------|
| OR | 10a. ORGANIZATION'S NAME                   |  |  |        |
|    |  |  |  |        |
|    | 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 |
|----------------------|------|-------|-------------|---------|

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

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

|                      |      |       |             |         |
|----------------------|------|-------|-------------|---------|
| 11c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|----------------------|------|-------|-------------|---------|

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):

MORGAN HERMANSON  
FAITH HERMANSON  
713 E UNION ST  
MANCHESTER, IA 52057

16. Description of real estate:

LOT 1, OF THE SUB'D OF LOT 309, MANCHESTER, REC'D IN BOOK  
2, PG 79, DELAWARE COUNTY, IOWA  
BK 2023, PG 1942 (2)

17. MISCELLANEOUS:  
DELAWARE COUNTY, IOWA

ISPC FILE # 1824315