UCC FINANCING STATEMENT AME FOLLOW INSTRUCTIONS	Recorded: 8/15/2024 at 12:33:31.0 PM County Recording Fee: \$12.00 lowa E-Filing Fee: \$3.00 Combined Fee: \$15.00 Revenue Tax: \$0.00 Delaware County, lowa				
A. NAME & PHONE OF CONTACT AT SUBMITTER (option: CSC 1-800-858-5294	al)	Daneen Schin BK: 2024 PG:		ECORDER	
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
2903 28334 CSC					
801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Iowa (Delaware)				
SEE BELOW FOR SECURED PARTY CONTA	CT INFORMATION	THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER BK 2022 PG 3770 12/27/2022		1b. This FINANCING STATEME (or recorded) in the REAL E (Form UCC3Ad) and provide			rd] nent Addendum
2. TERMINATION: Effectiveness of the Financing Statement ide	entified above is terminated with resp	ect to the security interest(s) of Sec	ured Part(y	r)(ies) authorizing this Termina	tion Statement
ASSIGNMENT: Provide name of Assignee in item 7a or 7b, For partial assignment, complete items 7 and 9; check ASSIGN					
4. CONTINUATION: Effectiveness of the Financing Statement additional period provided by applicable law	identified above with respect to the s	ecurity interest(s) of Secured Party	authorizing	this Continuation Statement	s continued for the
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes: This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party In 6a. ORGANIZATION'S NAME	AND Check one of these three box CHANGE name and/or a item 6a or 6b; and item 7 formation Change - provide only one	ddress: Complete a or 7b <u>and</u> item 7c7a or 7b,	e: Comple and item 7		Give record name tem 6a or 6b
OR CONTRACTOR OF TRACTOR					
6b. INDIVIDUAL'S SURNAME SLAYMAKER	FIRST PERSON PHILLIP	AL NAME	J	NAL NAME(S)/INITIAL(S)	SUFFIX
 CHANGED OR ADDED INFORMATION: Complete for Assignme ORGANIZATION'S NAME 	nt or Party Information Change - provide only	one name (7a or 7b) (use exact, full name; de	not omit, mo	dify, or abbreviate any part of the De	btor's name)
78. ORGANIZATION O NAVIE					
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
9 COLLATEDAL CHANCE: Charles have	A DD cellsterel	DELETE colleterel DB	COTATE)	ACCIONIX colleteral
COLLATERAL CHANGE: Check only one box: Indicate collateral:	ADD collateral *Check ASSIGN COLLATERAL of	DELETE collateral R nly if the assignee's power to amend the reco			ASSIGN* collateral
WALK IN SHOWER	SHOOK ADDISH S SEEL III ET VIE S	ny mano abangmoo o pomon to annona ano rocc	ra io illinoa io	o contain contain and accompositio	onatoral in coolion o
9. NAME OF SECURED PARTY OF RECORD AUTHORI. If this is an Amendment authorized by a DEBTOR, check here	ZING THIS AMENDMENT: Prov		of Assigno	or, if this is an Assignment)	
9a. ORGANIZATION'S NAME Aqua Finance, Inc.	j and provide name of authorizing Di	55.01			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: AAAR40641	17802		•		2903 2833

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

11. NITEL FRANCING STATEMENT FILE NUMBERS : some as term to no Amendment form Statement Statement	FOLLOW INSTRUCTIONS						
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16. Name and address of a RECORD OWNER of real estate described in item 17 (If Debtor does not have a record interest): PHILLIP J SLAYMAKER 2676 220TH AVE DELHI, IA 52223-8503 County DELAWARE COUNTY Parcel Number 220300001620 Legal Description Details Lot Number: 3 City, Municipality, Township: DELHI MAQ VALLEY FD 12 Subdivision Name: SANDS SUBDIV Sec/Twn/Rng/Mer: SEC 30 TWN 88N RNG 04W Brief Description: LOT 3 SANDS SUBDIV PT SW SW Recorder's Map Ref: PM 220300001620	14. ADDITIONAL SPACE FOR (CHECK ONE BOX):	ITEM 8 (Col	llateral) OF	R _	OTHER INFORMATIC	N (Please Describe)	
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