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### UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Rebecca Wheeler (816) 207-2125 1500319	
B. EMAIL CONTACT AT SUBMITTER (optional) rebecca.wheeler@alorica.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  MEDALLION BANK 4315 PICKETT RD. ST. JOSEPH, MO 64503  FILED IN: DELAWARE, IA	
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

Daneen Schindler, RECORDER/REGISTRAR  
DELAWARE COUNTY IOWA

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	CHRISTINA	L		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
941 N FRANKLIN ST	MANCHESTER	IA	52057	USA

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	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
				USA

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				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
4315 PICKETT RD.	ST. JOSEPH	MO	64503	USA

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

Roofs Fiberglass - Fixture Filing

THE FOLLOWING PROPERTY IS SITUATED IN MANCHESTER, COUNTY OF DELAWARE, STATE OF IOWA TO WIT: HENRY ACERS ADD N 65 FEET W 180 FEET LT 22, S 2 FEET W 180 FEET LT 23 PROPERTY ADDRESS: 941 N FRANKLIN ST, MANCHESTER, IA 52057 PARCEL ID#: 630-29-21-012-00

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  Agricultural Lien  Non-UCC Filing

6b. Check only if applicable and check only one box:

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

8. **OPTIONAL FILER REFERENCE DATA:**

# 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

CHRISTINA

ADDITIONAL NAME(S)/INITIAL(S)

L

SUFFIX

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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

USA

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

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):

Owners: CHRISTINA L MOZINGO

16. Description of real estate:

THE FOLLOWING PROPERTY IS SITUATED IN MANCHESTER, COUNTY OF DELAWARE, STATE OF IOWA TO WIT: HENRY ACERS ADD N 65 FEET W 180 FEET LT 22, S 2 FEET W 180 FEET LT 23 PROPERTY ADDRESS: 941 N FRANKLIN ST, MANCHESTER, IA 52057 PARCEL ID#: 630-29-21-012-00

17. MISCELLANEOUS: