	(100 M 10
	Document 2025 910 Type 10 013 Pages 2 Date 4/11/2025 Time 10:17:17AM Rec Amt \$12.00
UCC FINANCING STATEMENT AMENDMENT	•
A. NAME & PHONE OF CONTACT AT FILER (optional) Jennifer Ibeling	Daneen Schindler, RECORDER/REGISTRAR DELAWARE COUNTY 10WA
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
USDA Rural Development 840 Brooks Road	
Iowa Falls, IA 50126	
	THE ADOVE COLOR IS FOR FILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2005-3387 filed 9/22/2005	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS
TERMINATION: Effectiveness of the Financing Statement identified above is terminated Statement	Filer. attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 1 with respect to the security interest(s) of Secured Party authorizing this Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address	
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is	
continued for the additional period provided by applicable law	
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only 6a. ORGANIZATION'S NAME Edgewood Community Childcare and Learning Center	one name (6a or 6b)
OR 6b. INDIVIDUAL'S SURNAME FIRST PERSO	NAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide	only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)
7a. ORGANIZATION'S NAME	
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
COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral indicate collateral:	
COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral:	
Indicate collateral:	DELETE collateral RESTATE covered collateral ASSIGN collateral Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: If this is an Amendment authorized by a DEBTOR, check here and provide name of authoriz 9a. ORGANIZATION'S NAME	DELETE collateral RESTATE covered collateral ASSIGN collateral Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: If this is an Amendment authorized by a DEBTOR, check here and provide name of authorized.	DELETE collateral RESTATE covered collateral ASSIGN collateral Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) ing Debtor
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: If this is an Amendment authorized by a DEBTOR, check here and provide name of authorized and provide name of authorized Development	DELETE collateral RESTATE covered collateral ASSIGN collateral Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) ing Debtor

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 2005-3387 filed 9/22/2005 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME **USDA Rural Development** 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 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 **Edgewood Community Childcare and Learning Center** 13b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): **Edgewood Community Childcare and Learning** Center 301 West Lincoln, PO Box 483 Edgewood, IA 52042 18. MISCELLANEOUS: