PARROTT 1c. MAILING ADDRESS 107 NORTH REYNOLDS STREET CITY	UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294 B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFillina@cscalobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)		Count Iowa E Combi Revent Delawa Danee	led: 9/18/ y Recordin -Filing Fee ned Fee: \$ ue Tax: \$0 are Count n Schindle 25 PG: 25	ig Fee: \$2 e: \$3.00 620.00 .00 y, Iowa er RECOR	17.00	O AM
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7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/License 8. OPTIONAL FILER REFERENCE DATA:		Consignee/Consign	or Seller/Buyer	Bai	ilee/Bailor	Licens	see/Licensor

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

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3. ☑ This FINANCING STATEMENT is to be filed [for record] (or rec	corded) in the	MENT:		
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UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

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