BOOK 2025 Page 3370  DOCUMENT 2025 3737 Type 18 913 Pages 2 Date 12/18/2825 Time 1:31:38 PM  Rec Aint \$12.88 FMONE OF CONTACT AT SUBMITTER (optional) Rylle House's 563-927-4250  E-EMAIL CONTACT SUBMITTER (optional) C-SEND ACKNOWLEDGMENT TO: (Name and Address) C-Ommodify Credit Corporation of Delawate Country FSA 200 South 12th SI Manchester, IA 52057  SEE BELOW FOR SEQUEED PARTY CONTACT INFORMATION 1s. INTILL FINANCIAS STREEDER FILL SUBMER 2018-141  IN JULY FINANCIAS STREEDER FILL SUBMER 2018-2018-2018-2018-2018-2018-2018-2018-						
REVISE PLUCKER 563-927-4250   Daneen Sch indier , RECORDER/REGISTRAR		<b>M</b> ENT	Document Date 12/1	2025 337 0/2025	70 Type 10 01:	3 Pages 2 3PM
Commodity Credit Corporation c/o Delaware County FSA 200 South 12th St Manchester, IA 52057  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  TA INITIAL FRANCING STATEMENT FLE NUMBER 2018-14  TA INITIAL FRANCING STATEMENT FLE NUMBER 2018-14  2018-141  TA INITIAL FRANCING STATEMENT AND STATEMENT OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE A	Rylie Hucker 563-927-4250					GISTRAR
C/O Delaware County FSA 200 South 12th St Manchester, IA 52057  SEE BELOW FOR SECURED PARTY CONTACT INFORMATION  15. NATIAL PRIVACIONS STATEMENT FILE NUMBER  15. NATIAL PRIVACIONS STATEMENT FILE NUMBER  15. NATIAL PRIVACIONS STATEMENT FILE NUMBER  16. NATIAL PRIVACIONS STATEMENT FILE NUMBER  17. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security inferestly of Secured Party/(ites) authorizing this Termination Statement  16. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security inferestly of Secured Party/(ites) authorizing this Termination Statement  17. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security inferestly of Secured Party subtording this Continuation Statement is continued for the soft of the security inferestly of Secured Party subtording this Continuation Statement is continued for the soft of the security inferestly of Secured Party subtording this Continuation Statement is continued for the soft of the security inferestly of Secured Party subtording this Continuation Statement is continued for the soft of the security inferestly of Secured Party subtording this Continuation Statement is continued for the soft of the security inferestly of Secured Party subtording this Continuation Statement is continued for the soft of the security inferestly of Secured Party subtording this Continuation Statement is continued for the soft of the security inferestly of Secured Party subtording this Continuation Statement is continued for the soft of the security inferestly of Secured Party subtording this Continuation Statement is continued for the soft of the security inferestly of Secured Party subtording this Continuation Statement is continued for the security inferestly of Secured Party subtording this Continuation Statement is continued to the security inferestly of Secured Party subtording this Continuation Statement is continued to the security infer	C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<u> </u>			- <del>-</del>	
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2.0   TRRINKATION: Effectiveness of the Francing Statement identified above is terminated with respect to the accuracy interest(s) of Secured Party()(se) authorizing this Termination Statement 3.   ASSIGNMENT: Provide name of Assignee in Intern 7 a or 7 b, aga dedress of Assignee in Intern 8 and describe the affected collisions in 1 non 9 For partial assignment, complete forms 7 and 9; reback ASSIGN Collisared bots in 1 term 8 and describe the affected collisions in 1 non 9 For partial assignment, complete forms 7 and 9; reback ASSIGN Collisared bots in 1 term 8 and describe the affected collisions in 1 non 9 For partial assignment, complete forms 7 and 9; reback ASSIGN Collisared bots in 1 term 8 and describe the affected collisions in 1 non 9 For partial assignment, complete forms 7 and 9; reback ASSIGN Collisared bots in 1 term 8 and describe the affected collisions in 1 non 9 FOR PARTY INFORMATION CHANGE:  Check aga of three two loos.  AND Check aga of three three books to: Check aga of three two loos.  AND Check aga of three three books to: Check aga of three two loos.  CHANGE parties and/or additional period provided by applications and the second learn to or 60, and 1 terms two loos.  CHANGE parties and or additional period provided by applications and the according to the security interest(s) of Secured Party authorizing this Continuation Statement is continuated for the additional period provided by applications.  AND Check aga of three three books to: Check aga of three two loos.  AND Check aga of three three books to: This Change affects	SEE BELOW FOR SECURED PARTY CONTACT INFO	ORMATION				-
2. M TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party((les) authorizing this Termination Statement  3. ASSIGNMENT: Provide name of Assignore in item 7a or 7b, and address of Assignore in item 7a gard name of Assignore in item 7a or 7b, and address of Assignore in item 7a gard name of Assignore in item 7a or 7b, and address of Assignore in item 7a gard name of Assignore in item 7a or 7b gard name of Assignore in item 9  For partial assignment, complete leters 7 and st, check ASSIGN Collateral box in item 8 and describe the address in item 8			(or recorded) in the R	EAL EQUALE RE	CURDS	
First PERSONAL NAME    COLLATERAL CHANGE:   Also check agg of these four bixes;   Also check agg of these fo		pove is terminated with re				
4. 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 distinct period provided by applicable law.  5. PARTY INFORMATION CHANGE:  Check gas of these two Dox- This Change affects					·	.)
S. PARTY INFORMATION CHANGE:  5. PARTY INFORMATION CHANGE:  Check and of these two box.  This Change affects   Debtor or   Secured Party of record   Check and of these two box.  This Change affects   Debtor or   Secured Party of record   Check and of these two box.  This Change affects   Debtor or   Secured Party of record   Check and of these two box.  This Change affects   Debtor or   Secured Party of record   Check and of the secured party and liter 7 to   Pa or 7b, and liter 7 to   Secured Party in the debtor of the secured party and liter 7 to   Pa or 7b, and liter 7 to   Secured Party in the debtor of the secured party and liter 7 to   Secured Party in the debtor of the secured party and liter 7 to   Secured Party in the debtor of the secured party and liter 8 to   Party information Change - provide only and name (if a or 7b) (see shat, foll name, 6) not ord, notify, or abbreviate any part of the Debtor's name)  75. INDIVIDUAL'S SURNAME  1. INDIVIDUAL'S ADDITIONAL NAME(SYNVITIAL(S)   SUFFIX  8. COLLATERAL CHANGE:   Also check and of these four boxes:   ADD collateral   DELETE callariar   RESTATE covered collaboral   Assignment)  1. INDIVIDUAL'S ADDITIONAL NAME(SYNVITIAL(S)   SUFFIX  8. COLLATERAL CHANGE:   Also check and of these four boxes:   ADD collateral   DELETE callariar   RESTATE covered collaboral   Assignment)  1. Indicate collaboral   Restate   Additional   Assignment   Additional   Additional   Assignment					this Continuation Statement	is continued for the
Check org. of these two box.  This Change affects   Debetor gr   Secured Party of record   AHADE name and/or address: Complete item   DELETE name: Give record name in the second party of record   AHADE name and/or address: Complete item   Debetor gr   To or 7o. and them 7c   7a or 7o. and them			, cooding microsocy of Cooding		,	
75. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  70. MAILING ADDRESS  CITY  STATE  FOSTAL CODE  COUNTRY  8. COLLATERAL CHANGE: Also check one of these four boxes:  ADD collateral  "Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME  Commodity Credit Corporation  6b. INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	6. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME  Jerome M Ries Revocable Trust	item 6a or 6b; <u>and</u> iten Change - provide only <u>o</u>	n 7a or 7b <u>and</u> item 7c7a ne name (6a or 6b)	or 7b, <u>and</u> item 7	c to be deleted in	item 6a or 6b
OR 75. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S))  7c. MAILING ADDRESS  CITY  STATE  FOSTAL CODE  COUNTRY  8. COLLATERAL CHANGE: Also check gag of these four boxes:  ADD collateral  "Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gag name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9s. ORGANIZATION'S NAME  Commodity Credit Corporation  6is. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S)  SUFFIX		_				
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INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$)  7c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral  *Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) if this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME  Commodity Credit Corporation  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(\$)/INITIAL(\$)  SUFFIX	OR 75. INDIVIDUAL'S SURNAME					
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OR 9b. INDIVIDUAL'S SURNAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX	If this is an Amendment authorized by a DEBTOR, check here and pro			(name of Assign	or, if this is an Assignment)	
10. OPTIONAL FILER REFERENCE DATA:	Commodity Credit Corporation	FIRST PERSO	DNÄL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
	10. OPTIONAL FILER REFERENCE DATA:	ļ				

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS

	18/141						<i>:</i>
12.	NAME OF PARTY AUTHORIZING THIS AMENDMEN	NT: Same as item 9 on	Amendment for	m			
	12a. ORGANIZATION'S NAME						
	Commodity Credit Corporation	•				•	
ΔD							
OR	12b. INDIVIDUAL'S SURNAME						
•	·						
	FIRST PERSONAL NAME						
						•	
	ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX			
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13.	Name of DEBTOR on related financing statement (N one Debtor name (13a or 13b) (use exact, full name; do not	ame of a current Debtor	r of record requi	red for indexing pu	urposes only in some	a filing offices - see Instruction item 13	3): Provide only
		omit, modily, or abbrevia	ate any part or t	ne Debtor's name,	), see instructions in	marrie does not lit	
	13a. ORGANIZATION'S NAME					′	•
OR		-				<del></del>	
011	13b. INDIVIDUAL'S SURNAME		FIRST PERS	ONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX .
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14	ADDITIONAL SPACE FOR (CHECK ONE BOX):	ITEM 8 (Co	ollateral) OR	□ отн	ER INFORMATIO	N (Please Describe)	
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15	This FINANCING STATEMENT AMENDMENT			17. Description	of real estate:		
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