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County Recording Fee: \$17.00

Iowa E-Filing Fee: \$3.00

Combined Fee: \$20.00

Revenue Tax: \$0.00

Delaware County, Iowa

Daneen Schindler RECORDER

BK: 2026 PG: 49

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

B. E-MAIL CONTACT AT FILER (optional)

uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 67090 - FX4 TWG HI

Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071

107249116
IAIA
FIXTURE

File with: Delaware, IA

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 White	FIRST PERSONAL NAME Harold	ADDITIONAL NAME(S)/INITIAL(S)	
1c. MAILING ADDRESS 1021 NEW ST		CITY MANCHESTER	STATE IA	POSTAL CODE 52057-1345
COUNTRY 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)	
2c. MAILING ADDRESS 227 West Monroe, Suite 4800		CITY Chicago	STATE IL	POSTAL CODE 60606-5055
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 FX4 TWG HI Finance Co I, LLC				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	
3c. MAILING ADDRESS 227 West Monroe, Suite 4800		CITY Chicago	STATE IL	POSTAL CODE 60606-5055
COUNTRY USA				

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

BATH TUB AND SHOWER SYSTEMS

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:

6b. 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

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

8. **OPTIONAL FILER REFERENCE DATA:**

107249116

5870608

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 White	
FIRST PERSONAL NAME Harold	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

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):

Harold J. White
1021 NEW ST
MANCHESTER, IA 52057-1345

16. Description of real estate:

The following described real estate in Delaware County, Iowa: Lots Thirty Five (35) and Thirty Six (36), and the South one-half (S1/2) of Lot Thirty Four (34), Block Three (3), Sunnyside Addition to Manchester, Iowa, according to plat recorded in Book 1 Plats, Page 141. There is no known private burial site, well, solid waste disposal site, underground storage tank, [See Exhibit for Real Estate]

17. MISCELLANEOUS: 107249116-IA-55 67090 - FX4 TWG HI FINANCE C

FX4 TWG HI Finance Co I, LLC

File with: Delaware, IA 5870608

Debtor: White, Harold

Exhibit for Real Estate

16. Description of real estate: Continued

hazardous waste, or private sewage disposal system on the property as described in Iowa Code Section 558.69, and therefore the transaction is exempt from the requirement to submit a groundwater hazard statement.

Property Address: 1021 NEW ST MANCHESTER IA

52057-1345

Parcel ID: 630292000900

