C. SEND ACKNOWLEDGMENT TO. (Name and Address) FIRST CORPORATE SOLUTIONS INC. 914 S STREET SACRAMENTO CA 95811 LICC1-994339 Midison County, IA THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only gog Debtor name (it to '10) (use creat; full name; do net one), would, or addressed any part of the Debtor's name); if any part of the Individual Debtor's name without in line 10, leave and of first 1 plant, creak, rate and pavols the Individual Debtor Increase on Increase Addressed Pavols (it is not increase). The Above SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only gog Debtor name (it to '10) (use creat; full name; do not one), modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's Increase Addressed Pavols Butched Addressed Pavols Butched Addressed Addressed Pavols Butched Addressed Addressed Butched Addressed Addressed Addressed Butched Addressed Addressed Addressed Addressed Butched Addressed Addressed Addressed Butched Addressed Addressed Addressed Butched Addressed Addressed Butched Addressed Address	UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Online Dept 888-507-4593 B. E-MAIL CONTACT AT FILER (optional)		Pages 3	: 6/30/20 ecording ling Fee: d Fee: \$2 Tax: TH RECO	022 at 12:34:21.0 Fee: \$17.00 \$3.00 0.00 RDER	РМ
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7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor						-

[UCC1-994339] 0000294658 - 7500

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 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME Nicholas 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 10c. MAILING ADDRESS POSTAL CODE COUNTRY CITY STATE ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. \overline{X} This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers as-extracted collateral X is filed as a fixture filing covers timber to be cut 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: COMMONLY KNOWN AS 1272 PITZER RD, EARLHAM, Nicholas J. Scar, ttee of the Nicholas J. Scar IA 50072 Revoc. Trust APN: 250-04-15-60025000 For title reference deed recorded 03/31/2022 with the Madison

17. MISCELLANEOUS:

County Recorder, in Book 2022 Page 931. LEGAL DESCRIPTION: See Exhibit A.

EXHIBIT A

The following described real estate in Madison County, Iowa:

Lot Two (2) and Outlot "X" of Scar Estates Subdivision, located in the North Half (1/2) of the Southwest Quarter (1/4) of Section Fifteen (15), Township Seventy-seven (77) North, Range Twenty-nine (29) West of the 5th P.M., Madison County, Iowa.