UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS		Pages 3 County Recordi Iowa E-Filing Fe Combined Fee:	3/2024 at 11:20:4 ng Fee: \$17.00 ee: \$3.00 \$20.00	4.0 AM	
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294		Revenue Tax: \$0.00 BRANDY L. MACUMBER, RECORDER			
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)		Madison Count	y, Iowa		
Enringfield II 62702	n: lowa adison)				
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION 1a. INITIAL FINANCING STATEMENT FILE NUMBER	1h Ca This		FOR FILING OFFICE USE		
BK 2020 PG 1770 05/21/2020	(01 16	corded) in the REAL ESTATE F n UCC3Ad) <u>and</u> provide Debtor	ENDMENT is to be filed [for recondent in the control of the contro	ment Addendum	
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated and the statement identified above is terminated.	ated with respect to the sec	curity interest(s) of Secured Par	t(y)(ies) authorizing this Termin	ation Statement	
ASSIGNMENT: Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assigne For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in Item 8					
4. CONTINUATION: Effectiveness of the Financing Statement identified above with readditional period provided by applicable law	espect to the security intere	st(s) of Secured Party authoriz	ing this Continuation Statement	is continued for the	
PARTY INFORMATION CHANGE:					
Check one of these two boxes: This Change affects Debtor or Secured Party of record CHANGE or item 6a or 6 CURRENT RECORD INFORMATION: Complete for Party Information Change - professional Company, LLC	name and/or address: Con 6b; <u>and</u> item 7a or 7b <u>and</u> i	tem 7c7a or 7b, <u>and</u> iten		Give record name item 6a or 6b	
OR 6b. INDIVIDUAL'S SURNAME FIR	RST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change 7a. ORGANIZATION'S NAME	ge - provide only <u>one</u> name (7a or	7b) (use exact, full name; do not omit,	modify, or abbreviate any part of the Di	ebtor's name)	
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX	
7c. MAILING ADDRESS CIT	TY	STATE	POSTAL CODE	COUNTRY	
8. COLLATERAL CHANGE: Check only one box: ADD coll. Indicate collateral: *Check ASSIGN			covered collateral do certain collateral and describe the	ASSIGN* collateral collateral in Section 8	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEND If this is an Amendment authorized by a DEBTOR, check here and provide name of a DEBTOR.	authorizing Debtor	name (9a or 9b) (name of Assi	gnor, if this is an Assignment)		
9a. ORGANIZATION'S NAME Farm Credit Leasing Services Corp	poration				
OR 9b. INDIVIDUAL'S SURNAME FIR	RST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX	
10. OPTIONAL FILER REFERENCE DATA: LDS - 001-0110619-000					

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

OLLOW INSTRUCTIONS

BK 2020 PG 1770 05/21/2020 2. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as	item Q on Amandment for	m			
12a. ORGANIZATION'S NAME	Rem 9 on Amendment for	111			
Farm Credit Leasing Services Corporation					
R 12b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE S	SPACE IS FOR FILING OFFICE I	USE ONLY
 Name of DEBTOR on related financing statement (Name of a currone one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, one one of the curron o			ourposes only in some fil	ling offices - see Instruction item 13): I	
13a. ORGANIZATION'S NAME Voss Cattle Company, LI	LC				
R 13b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
eresa Marie Voss					
5. This FINANCING STATEMENT AMENDMENT:	is filed as a fixture filing	17. Descriptic The foll Madiso	on of real estate: owing real pro n, State of low	perty situated in the Co a, to wit:	unty of

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS

12 1	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendmer	form				
_	12a. ORGANIZATION'S NAME	LIOITII				
	Farm Credit Leasing Services Corporation					
OR -						
	12b. INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE	SPACE IS FOR FILIN	NG OFFICE US	SE ONLY
	Name of DEBTOR on related financing statement (Name of a current Debtor of record rone Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part				tion item 13): Pro	ovide only
	13a. ORGANIZATION'S NAME					
OR	13b. INDIVIDUAL'S SURNAME FIRST P	RSONAL NAME		ADDITIONAL NAME(S)/	/INITIAL(S)	SUFFIX
14. /	ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Collateral)	OR OT	HER INFORMATIO	N (Please Describe)		
				ter (1/4) of the N		