



BK: 2026 PG: 1814
 Recorded: 6/18/2026 at 11:00:59.0 AM
 Pages 2
 County Recording Fee: \$12.00
 Iowa E-Filing Fee: \$3.00
 Combined Fee: \$15.00
 Revenue Tax: \$0.00
BRANDY L. MACUMBER, RECORDER
 Madison County, Iowa

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | | | | | | |
|---|-------------|--|---------------------------------|--|-----------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional] FTL Finance (888)314-4588 | | | | | | |
| B. E-MAIL CONTACT AT FILER [optional] customerservice@ftlfinance.com | | | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">FTL Finance</td> <td style="width: 50%;"></td> </tr> <tr> <td>820 South Main Street Suite 300</td> <td></td> </tr> <tr> <td>St. Charles, MO 63301</td> <td></td> </tr> </table> | FTL Finance | | 820 South Main Street Suite 300 | | St. Charles, MO 63301 | |
| FTL Finance | | | | | | |
| 820 South Main Street Suite 300 | | | | | | |
| St. Charles, MO 63301 | | | | | | |

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 Gilbert | FIRST PERSONAL NAME Chad | ADDITIONAL NAME(S) / INITIAL(S) | SUFFIX | |
| 1c. MAILING ADDRESS 613 East Buchanan Street | CITY Winterset | STATE IA | POSTAL CODE 50273 | COUNTRY |

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 NAME | MIDDLE NAME | SUFFIX | |
| 2c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|--|---------------------|-------------|----------------------|---------|
| 3a. ORGANIZATION'S NAME FTL Finance | | | | |
| OR | | | | |
| 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | |
| 3c. MAILING ADDRESS 820 South Main Street Suite 300 | CITY St. Charles | STATE MO | POSTAL CODE 63301 | COUNTRY |

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

Plumbing REPLACED SEWER LINE

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:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 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

2485711, Chad Gilbert

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statment; if line 1b was left blank because Individual Debtor name did not fit, check here

| | |
|----------------------------------|--------|
| 9a. ORGANIZATION'S NAME | |
| | |
| OR | |
| 9b. INDIVIDUAL'S SURNAME | |
| Gilbert | |
| FIRST PERSONAL NAME | |
| Chad | |
| ADDITIONAL NAME(S) / INITIALS(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) / INITIALS(S) | SUFFIX | |
| | | | | |
| 11c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

| | |
|--|---|
| <p>13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)</p> | <p>14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing</p> |
| <p>15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):</p> <p style="margin-left: 20px;">Recorded Owner: Chad Gilbert Owner Address: 613 East Buchanan Street Winterset, IA 50273</p> | <p>16. Description of real estate:</p> <p style="margin-left: 20px;">820003404070000 LOT 7 BLOCK 4 DANFORTH'S FIRST</p> |

17. MISCELLANEOUS: