[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Phone:(800) 331-3282 Fax: (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

ENV.
(X) UCC Direct Services
P.O. Box 29071
Glendale, CA 91209-9071

18143 CEDAR RAPIDS B

10628425

IAIA
FIXTURE

File with: CC IA Delaware, IA

Book 2007 Page 778

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DEBORAH L. PEYTON, RECORDER/REGISTRA
DELAWARE COUNTY IOWA

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME: WALL LEASING, L.L.C.

OR

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1086 S 3RD ST	MANCHESTER	IA	52057-2004	

1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
		LLC	IA	265949 ☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
				☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME: CEDAR RAPIDS BANK AND TRUST COMPANY

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
500 1ST AVENUE NE, STE. 100	CEDAR RAPIDS	IA	52406-0789	

4. This FINANCING STATEMENT covers the following collateral:

ALL FURNITURE, FIXTURES, APPLIANCES, MACHINERY, EQUIPMENT AND ALL PERSONAL PROPERTY AND ANY REPLACEMENTS AND PROCEEDS AND SUBSTITUTIONS THEREOF, OWNED OR LEASED BY DEBTOR AND NOW LOCATED ON THE REAL ESTATE DESCRIBED IN THIS UCC-1 ("REAL ESTATE"), ATTACHED TO, OR HEREAFTER ACQUIRED OR LOCATED THEREON OR ATTACHED THERETO, AND ALL LIGHTING, HEATING, COOKING, VENTILATING, AIR CONDITIONING, INCINERATING, SPRINKLING AND PLUMBING SYSTEMS AND ALL PIPES, WIRES, ATTACHED FIXTURES AND APPARATUS FORMING A PART OF OR USED IN CONNECTION THEREWITH, AND ALL COOKING APPLIANCES, CABINETS, WINDOWS, DOORS AND ALL WALL TO WALL CARPETING LOCATED THEREON; ALL JUDGMENTS, AWARDS OF DAMAGES AND SETTLEMENTS HEREAFTER MADE RESULTING FROM CONDEMNATION PROCEEDINGS OR THE TAKING OF THE MORTGAGED PREMISES OR COLLATERAL OR ANY PART THEREOF UNDER THE POWER OF EMINENT DOMAIN, OR FOR ANY DAMAGE (WHETHER CAUSED BY SUCH TAKING OR OTHERWISE) TO THE MORTGAGED PREMISES, THE IMPROVEMENTS THEREON, THE COLLATERAL OR ANY PART THEREOF, OR TO ANY RIGHTS APPURTENANT THERETO, INCLUDING ANY AWARD FOR CHANGE OF GRADE O STREETS; ALL INVENTORY, CONTRACT RIGHTS, CASH, PROCEEDS, PROFITS, INCOME, RENT, ACCOUNTS RECEIVABLE, LEASE AGREEMENTS, LEASE PAYMENTS, INSURANCE PROCEEDS, DEPOSIT AND OTHER ACCOUNTS, LOGOS, TRADEMARKS, AND ALL TRADE NAME AGREEMENTS, AND ALL REPLACEMENTS AND PROCEEDS RELATING THERETO NOW OWNED OR HEREAFTER ACQUIRED BY DEBTOR, IN CONNECTION WITH THE MORTGAGED PREMISES AND ITEMS DESCRIBED IN THIS UCC-1.

5. ALTERNATIVE DESIGNATION [if applicable] ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING

6. [X] This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional] ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

10628425 1019920746 DAWN 1019920746

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

Prepared by UCC Direct Services, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

2002-3858

FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME
WALL LEASING, L.L.C.

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX

10. MISCELLANEOUS

10628425-IA-55

18143 CEDAR RAPIDS B

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File with: CC IA Delaware, IA

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

11d. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
				☐ NONE

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P's NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral or is filed as a ☒ fixture filing.

14. Description of real estate:

Description: PARCEL I, PART OF THE S 1/2 SE 1/4 OF SEC. 32, T89N, R5W AND PART OF THE NE 1/4 NW 1/4, SEC. 5, T88N, R5W ALL OF THE FIFTH P.M., CITY OF MANCHESTER, DELAWARE COUNTY, IOWA, ACCORDING TO PLAT RECORDED IN BOOK 2002, PAGE 3367, AS CORRECTED BY AFFIDAVIT RECORDED IN BOOK 2002, PAGE 4222.

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction -- effective 30 years

☐ Filed in connection with a Public-Finance Transaction -- effective 30 years

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