[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)
11555 BALBOA CAPITAL

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

19055935

IAIA
FIXTURE

File with: CC IA Delaware, IA

Book 2009 Page 2732

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Date 7/08/2009 Time 3:21:07PM
Rec Amt $19.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
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: LABUDDE GROUP INCORPORATED

OR

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

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1239 12th Avenue	Grafton	WI	53024	USA

1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
		CORPORATION	WI	E021801 ☐ 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: Factoring Solutions

OR

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

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2010 Main Street Suite 1150	Irvine	CA	92614	USA

4. This FINANCING STATEMENT covers the following collateral:

This RIDER is attached to and made a part of that certain FIXTURE FILING between LABUDDE GROUP INCORPORATED as Debtor, and BALBOA CAPITAL CORPORATION, INC. as Secured Party, filed with the COUNTY OF DELAWARE, IOWA. Please see Exhibit "B" for legal property description. LA#148918-001

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

19055935 109004 148918-001

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

Prepared by CT Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

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

OR

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

10. MISCELLANEOUS

19055935-IA-55

11555 BALBOA CAPITAL

File with: CC IA Delaware, IA 148918-001 109004

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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: SEE EXHIBIT "B" FOR LEGAL DESCRIPTION.

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

NFG LLC
PO BOX 307, WEST UNION, IA, 52175

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

Prepared by CT Lien Solutions, P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-3282

Legal & Vesting Report

For Property Located At

701 110TH AVE, MASONVILLE IA 50654

LEGAL

In the County of Delaware, State of Iowa

Assessed Owner:	NFG LLC
Legal Description:	A PARCEL OF LAND LOCATED IN THE STATE OF IOWA, COUNTY OF DELAWARE, WITH A SITUS ADDRESS OF 701 110TH AVE, MASONVILLE IA 50654 CURRENTLY OWNED BY NFG LLC HAVING A TAX ASSESSOR NUMBER OF 650000110100 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS MASONVILLE LOTS 25 & 26 EX E 33' & LTS 12-24 & 27-35 EX S 16' LTS 12-15 SEE RE .

Subdivision:		Legal Block/Bldg:	
Legal Book/Page:		Legal Lot/Unit:	25
Assessor's Parcel #:	650000110100		

PROPERTY ADDRESS	MAILING ADDRESS
701 110TH AVE MASONVILLE,IA 50654	PO BOX 307 WEST UNION IA 52175-0307 B001

TAX INFORMATION

Tax Year:	2008	Property Tax:	$20,466.00
Assessed Year:	2008	Total Value:	$696,100
Tax Rate Area:	650	Land Value:	
Delinquent Tax Year:		Improvement Value:	
Exemption:		% Improved:	

EXHIBIT "B" LEGAL DESCRIPTION