SAINT CHARLES  IA 50240  USA  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 name will not fit in line 2b, leave all of item 2 blank, check here   and provide the Individual Debtor information in item 19 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  OR  2b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  OITY  STATE   POSTAL CODE   COUNTRY  WAUSAU  FIRST PERSONAL NAME   ADDITIONAL NAME(S)INITIAL(S)   SUFFIX  CITY   STATE   POSTAL CODE   COUNTRY  WAUSAU  FIRST PERSONAL NAME   ADDITIONAL NAME(S)INITIAL(S)   SUFFIX  COUNTRY   STATE   POSTAL CODE   COUNTRY  WAUSAU  FIRST PERSONAL NAME   ADDITIONAL NAME(S)INITIAL(S)   SUFFIX  COUNTRY   STATE   POSTAL CODE   COUNTRY  WAUSAU  FIRST PERSONAL NAME   ADDITIONAL NAME(S)INITIAL(S)   SUFFIX  COUNTRY   STATE   POSTAL CODE   COUNTRY  WAUSAU  FIRST PERSONAL NAME   ADDITIONAL NAME(S)INITIAL(S)   SUFFIX  COUNTRY   STATE   POSTAL CODE   COUNTRY  WAUSAU  FIRST PERSONAL NAME   ADDITIONAL NAME(S)INITIAL(S)   SUFFIX  COUNTRY   STATE   POSTAL CODE   COUNTRY  WAUSAU  FIRST PERSONAL NAME   ADDITIONAL NAME(S)INITIAL(S)   SUFFIX  COUNTRY   STATE   POSTAL CODE   COUNTRY  WAUSAU  FIRST PERSONAL NAME   ADDITIONAL NAME(S)INITIAL(S)   SUFFIX  COUNTRY   STATE   POSTAL CODE   COUNTRY  WAUSAU  FIRST PERSONAL NAME   ADDITIONAL NAME(S)INITIAL(S)   SUFFIX  COUNTRY   STATE   POSTAL CODE   COUNTRY  WAUSAU  FIRST PERSONAL NAME   ADDITIONAL NAME(S)INITIAL(S)   SUFFIX  COUNTRY   STATE   POSTAL CODE   COUNTRY  FIRST PERSONAL NAME   ADDITIONAL NAME(S)INITIAL(S)   SUFFIX  COUNTRY   STATE   POSTAL CODE   COUNTRY  FIRST PERSONAL NAME   ADDITIONAL NAME(S)INITIAL(S)   SUFFIX  COUNTRY   STATE   POSTAL CODE   COUNTRY  FIRST PERSONAL NAME   ADDITIONAL NAME(S)INITIAL(S)   SUFFIX  COUNTRY   STATE   POSTAL CODE   COUNTRY  FIRST PERSONAL	UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		BK: 2019 PG: 2584 Recorded: 8/21/2019 at 11:26:41.0 AM Pages 3 County Recording Fee: \$17.00 lowa E-Filing Fee: \$3.00 Combined Fee: \$20.00 Revenue Tax:					
B.E.MALE CONTACT AT FILER (patient) SPRFITING@CSCglobal.com C. SEND ACRIVING EGMENT TO. (Name and Address) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME: Provide only gas Debtor name (1s or 1s) (see exact, full name; do not only, modify, or addresses are year of the Debtor's name; if any part of the Individual Debtor name of the Notice is also all of their 1 steer, does here. The Individual Debtor intermedion in item 18 of the Financing Statement Addresses (Financial Debtor name). The ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME: Provide only gas Debtor name (1s or 1s) (see exact, full name; do not only in order). The ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME: Provide only gas Debtor name (2s or 2s) (see exact, full name; do not only in order). The ABOVE SPACE IS FOR FILING OFFICE USE ONLY  2. DEBTOR'S NAME: Provide only gas Debtor name (2s or 2s) (see exact, full name; do not only, or addressed and year of the Debtor's name; if any part of the Individual Debtor name; if any part of the Indi								
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4 COLLATERAL: This financing statement covers the following collateral:  WATER TREATMENT SYSTEM  HE S.S  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 Represental foa. Check only if applicable and check only one box:  Being administered by a Decedent's Personal Represental foa. Check only if applicable and check only one box:  Being administered by a Decedent's Personal Represental foa. Check only if applicable and check only one box:  Being administered by a Decedent's Personal Represental foa. Check only if applicable and check only one box:  A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing	2c. MAILING ADDRESS  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR STATE	CITY  ECURED PARTY): Provid  FIRST PERSONAL  CITY	le only <u>one</u> Secured Party nar	STATE  ADDITIC  STATE	POSTAL CODE  NAL NAME(S)/INITIAL(S)  POSTAL CODE	COUNTRY		
6a. Check only if applicable and check only one box:  Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility  Agricultural Lien  Non-UCC Filing								
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing		rust (see UCC1Ad, item 1						
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T. ALTERNATIVE DEGICINATION (II applicable).     Lessee/Lessor     Consignee/Consignor     Selier/Buver     Ballee/Ballor       Licensee/Licensor	7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer			see/Licensor		

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## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME KASS						
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## **FULL LEGAL DESCRIPTION**

A tract of land located in the Southeast Quarter (1/4) of the Northeast Quarter (1/4) of Section Thirty-six (36), Township Seventy-six (76) North, Range Twenty-six (26), West of the 5<sup>th</sup> P.M., more particularly described as follows to-wit: Commencing at the Northeast corner of said Section Thirty-six (36), thence South 0°00'00" 1,834.77 feet along the East line of said Section Thirty-six (36) to the point of beginning, thence South 90°00'00" West 414 feet, thence South 90°00'00" 315.65 feet, thence South 90°00'00" East 414 feet to the East line of Section Thirty-six (36), thence North 0°00'00" 315.65 feet to the point of beginning; containing 3.00 acres more or less including road right of way.