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 Pages 3
 County Recording Fee: \$17.00
 Iowa E-Filing Fee: \$3.00
 Combined Fee: \$20.00
 Revenue Tax:
LISA SMITH RECORDER
 Madison County, Iowa

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 50077 - Corning Credit	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	88909701 IAIA FIXTURE
File with: Madison, IA	

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 LEHMAN		FIRST PERSONAL NAME DALLAS	ADDITIONAL NAME(S)/INITIAL(S) G	SUFFIX
1c. MAILING ADDRESS 1531 PRAIRIE TRAIL		CITY VAN METER	STATE IA	POSTAL CODE 50261	COUNTRY 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'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 PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

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

3a. ORGANIZATION'S NAME Corning Federal Credit Union					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS One Credit Union Plaza		CITY Corning	STATE NY	POSTAL CODE 14830	COUNTRY USA

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

All solar equipment included but not limited to solar panels batteries racking system inverters and all other equipment and replacement parts. For payoff requests call 800.677.8506 ext 7706.

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:
 88909701 LEHMAN6230



UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

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

9a. ORGANIZATION'S NAME	
OR	
9b. INDIVIDUAL'S SURNAME LEHMAN	
FIRST PERSONAL NAME DALLAS	
ADDITIONAL NAME(S)/INITIAL(S) G	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)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

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

14. This FINANCING STATEMENT:
 covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

Ken L. Lehman and Dallas G. Lehman

16. Description of real estate:

**THE FOLLOWING DESCRIBED REAL ESTATE,
SITUATED IN MADISON COUNTY, IOWA:**

**PARCEL "C", LOCATED IN THE EAST HALF (1/2) OF
THE NORTHEAST QUARTER (1/4) OF SECTION
THIRTY-THREE (33), TOWNSHIP SEVENTY-SEVEN
(77) NORTH, RANGE TWENTY-SEVEN (27) WEST
[See Exhibit for Real Estate]**



Debtor: LEHMAN, DALLAS, G

Exhibit for Real Estate

16. Description of real estate: Continued

OF THE 5 P.M., MADISON COUNTY, IOWA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:
BEGINNING AT THE SOUTHEAST CORNER OF THE NORTHEAST QUARTER (1/4) OF THE NORTHEAST QUARTER (1/4) OF SECTION 33, TOWNSHIP 77 NORTH, RANGE 27 WEST OF THE 5TH P.M., MADISON COUNTY, IOWA; THENCE NORTH 0°00'00" EAST ALONG THE EAST LINE OF THE NORTHEAST QUARTER (1/4) OF THE NORTHEAST QUARTER (1/4) OF SAID SECTION THIRTY-THREE (33), 1 10.04 FEET; THENCE SOUTH 88°18'04" WEST, 889.00 FEET; THENCE SOUTH 0°00'00" WEST, 490.56 FEET; THENCE NORTH 88°18'04" EAST, 889.00 FEET TO A POINT ON THE EAST LINE OF THE SOUTHEAST QUARTER (1/4) OF THE NORTHEAST QUARTER (1/4) OF SAID SECTION THIRTY-THREE (33); THENCE NORTH 0°00'00" EAST ALONG THE EAST LINE OF THE SOUTHEAST QUARTER (1/4) OF THE NORTHEAST QUARTER (1/4) OF SAID SECTION THIRTY-THREE (33), 380.52 FEET TO THE POINT OF BEGINNING. SAID PARCEL CONTAINS 10.007 ACRES, INCLUDING 0.500 ACRES OF COUNTY ROAD RIGHT-OF-WAY.

APN: 120-02-33-20020000

