UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	NT	Pages 3	10/4/2 cordin ng Fee Fee: \$ ax:	2022 at 3:34:43.0 g Fee: \$17.00 :: \$3.00 20.00) PM
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2406 24248 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Iowa (Madison)	- Madison C	ounty,	lowa	
1a. INITIAL FINANCING STATEMENT FILE NUMBER		THE ABOVE SPACE 1b. This FINANCING STATEM THE ABOVE SPACE THE ABOVE SPA		R FILING OFFICE USE	
BK 2021 PG 2301 06/04/2021		(or recorded) in the REAL	ESTATE	RECORDS m UCC3Ad) <u>and</u> provide Debto	
 TERMINATION: Effectiveness of the Financing Statement identified a Statement 	above is terminated v	vith respect to the security interes	t(s) of Sec	ured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affect			Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identifies continued for the additional period provided by applicable law	d above with respect	to the security interest(s) of Secu	red Party	authorizing this Continuation	on Statement is
Check one of these two boxes.	k <u>one</u> of these three be HANGE name and/or a em 6a or 6b; <u>and</u> item Change - provide only	address: Complete ADD nam 7a or 7b <u>and</u> item 7c 7a or 7b, <u>a</u>	e: Comple and item 70		Give record name tem 6a or 6b
OR 6b. INDIVIDUAL'S SURNAME HENGGELER	FIRST PERSON	IAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME	prmation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full nar	ne; do not on	nit, modify, or abbreviate any part o	f the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral R	ESTATE c	overed collateral	ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here ☐ and prov ☐ 9a. ORGANIZATION'S NAME All In Credit Union		Provide only <u>one</u> name (9a or 9b) (n			
OB					
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: HENGGELE	R, NANCY				2406 24248

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS				
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form BK 2021 PG 2301 06/04/2021	1			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment for	orm			
12a. ORGANIZATION'S NAME All In Credit Union	<u> </u>			
OR 12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE	SPACE IS FOR FILING OFFICE U	SE ONLY
13. Name of DEBTOR on related financing statement (Name of a current Debtor of record record record name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of				3): Provide only
13a. ORGANIZATION'S NAME				
OR 13b. INDIVIDUAL'S SURNAME FIRST PERSO	ONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
15. This FINANCING STATEMENT AMENDMENT:	17 Gescripti	CÉL OF LANC	O LOCATED IN THE STA	TE OF
covers timber to be cut covers as-extracted collateral is filed as a fixture filing 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	IOWA, MADIS BUCHA IA 5027 HENGO TAX AS AND BI PROPE CROFT	COUNTY OF ON, WITH A S ANAN ST, WIN '3-1034 CURF SELER NANC SSESSOR NU EING THE SA ERTY MORE F COURT ADE	SITUS ADDRESS OF 519 NTERSET, RENTLY OWNED BY SY HAVING A IMBER OF 820-00-44-00 IME FULLY DESCRIBED AS	5 W 150000 LOT 16

11. B	INITIAL FINANCING STATEMENT FILE NUMBER: Same as it K 2021 PG 2301 06/04/2021	tem 1a on Amendment for	m		
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same	as item 9 on Amendment	form		
	12a. ORGANIZATION'S NAME All In Credit Union				
OR	12b. INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME				
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		
12	Name of DEBTOR on related financing statement (Name of a c			HE ABOVE SPACE IS FOR FILING OFFICE	
13.	one Debtor name (13a or 13b) (use exact, full name; do not omit, mod			,	13): Provide of
	13a. ORGANIZATION'S NAME				
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERS	SONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14.	ADDITIONAL SPACE FOR ITEM 8 (Collateral):				
14.	ADDITIONAL SPACE FOR ITEM 8 (Collateral):				

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT ADDENDUM (Form UCC3Ad) (Rev. 04/20/11)

18. MISCELLANEOUS: