				Document	2022		
UCC FINANCING S				Book 2022 Pa	age 310 2022 T	Type 17 002 P ime 12:55:46PM	ages 2 INDX ANNO
A. NAME & PHONE OF CO				1.40.			SCAN
B. SEND ACKNOWLEDGM COMMODITY 815 EAST F WINTERSET,	CREDIT CO	RPORATION		LISA SMITH, MADISON COUN	COUNTY NTY IOWA	RECORDER	CHEK
1a. INITIAL FINANCING STATE # BOOK 2017 PAGE				THE ABOV	1b.	FOR FILING OFFICE US This FINANCING STATEMEN be filed (for records REAL ESTATE RECORDS.	IT AMENDMENT is to
		ncing Statement identified above is te			f the Secured P	arty authorizing this Termination	
<ol> <li>CONTINUATION: Effection</li> </ol>		ancing Statement identified above wit by applicable law.	th respect to secu	rity interest(s) of the Secure	ed Party authoria	ring this Continuation Stateme	nt is
4. ASSIGNMENT (full or	partial): Give name	of assignee in item 7a or 7b and addr	ress of assignee i	n item 7c; and also give nam	ne of assignor in	item 9.	
5. AMENDMENT (PARTY II	•		-	ed Party of record. Check or	nly <u>one</u> of these	two boxes.	
CHANGE name and/or a	Idress: Give currer item 7a or 7b and	provide appropriate information in iter t record name in item 6a or 6b; also g or new address (if address change) in	ive new	DELETE name: Give record to be deleted in item 6a or		ADD name: Complete item 7 7c; also complete items 7d-7	a or 7b, and also item g (if applicable).
6a. ORGANIZATION'S NAM							
OR 6b. INDIVIDUAL'S LAST NA HOLLINGSWORTH	ME		FIRST NAME EVAN			OLE NAME MES	SUFFIX
7. CHANGED (NEW) OR A	DDED INFORMA	ATION:					'
7a. ORGANIZATION'S NAM	E						
OR 7b. INDIVIDUAL'S LAST NA	ME		FIRST NAME		MID	DLE NAME	SUFFIX
HOLLINGSWORTH			SAMANTHA		JO	TE DOCTAL CODE	COUNTRY
7c. MAILING ADDRESS 2387 PERU ROAD			PERU		I	TE POSTAL CODE A 50222	COUNTRY
7d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION		ON OF ORGANIZATION		DRGANIZATIONAL ID#, if any	, NONE
8. AMENDMENT (COLLATI	<u>'</u>	: check only one box.			1		
Describe collateral [] delet	ed or [] added,	or give entire  restated collateral d	description, or de	cribe collateralassign	ed.		
adds collateral or adds the au 9a. ORGANIZATION'S NAM COMMODITY CRED	ithorizing Debtor, o E IT CORPORA	D AUTHORIZING THIS AMEND r if this is a Termination authorized by ATION	a Debtor, check		of DEBTOR a	uthorizing this Amendment.	
OR 9b. INDIVIDUAL'S LAST NA	MĒ		FIRST NAME		MID	DLE NAME	SUFFIX
10. OPTIONAL FILER REFI	ERENCE DATA						
FILING OFFICE COPY	ACKN	OWLEDGMENT COPY	_	UCC FINANCING STA	TEMENT AM	ENDMENT (FORM UCC3	RED PARTY COPY

UCC FINANCING STATEMENT AMENDMENT ADDENDUM							
FOLLOW INSTRUCTIONS (front and back) CAREFULLY							
11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)							
BOOK 2017 PAGE 377							
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)							
12. 1	NAME OF PARTY AUTHORIZING THIS AMEND	MENT (same as item 9 on Amendment for	orm)				
12. 1	NAME OF PARTY AUTHORIZING THIS AMEND 12a. ORGANIZATION'S NAME	MENT (same as item 9 on Amendment fo	orm)				
12. 1			orm)				

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Paul Jay Hollingsworth Catherine Kay Hollingworth 2570 Millstream Road Winterset, IA 50273

North One half (1/2) of Southwest Quarter (1/4) of Section Twenty (20) Township Seventy-(75) North, Range Twenty-seven (27), West of the 5th pm, Madison County, IA

NATIONAL UCC FINANCING STATEMENT AN	MENDMENT ADDENDUM	(FORM UCC3Ad) (REV. 07/29/98)

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SEARCH REPORT COPY

☐ DEBTOR COPY

■ SECURED PARTY COPY