UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Samuel H. Braland B. E-MAIL CONTACT AT FILER (optional) shb@nyblaw.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)		BK: 2022 PG: 3223 Recorded: 11/7/2022 at 8:51:47.0 AM Pages 2 County Recording Fee: \$12.00 lowa E-Filing Fee: \$3.00 Combined Fee: \$15.00 Revenue Tax: LISA SMITH RECORDER Madison County, lowa				
Samuel H. Braland P.O. Box 370 Earlham, IA 50072						
1a. INITIAL FINANCING STATEMENT FILE NUMBER		THE ABOVE SPA	CE IS FOR FILING OFF			
2017 3292		(or recorded) in the REAL	ESTATE RECORDS lendum (Form UCC3Ad) <u>and l</u>			
2. TERMINATION: Effectiveness of the Financing Statement identifications.	entified above is terminated					
ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also indicate.			f Assignor in item 9			
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law	identified above with respec	t to the security interest(s) of Sec	ured Party authorizing this	s Continuation	Statement is	
5. PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information.	D Check one of these three be CHANGE name and/or item 6a or 6b; and item mation Change - provide only	address: Complete ADD nan 7a or 7b <u>and</u> item 7c 7a or 7b,	ne: Complete itemDEL and item 7cto be	ETE name: Ge deleted in ite	ive record name m 6a or 6b	
6a. ORGANIZATION'S NAME						
OR 65. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/IN	NITIAL(S)	SUFFIX	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of	r Party Information Change - provide	only one name (7a or 7b) (use exact, full na	me; do not omit, modify, or abbrev	viate any part of t	he Debtor's name)	
7a. ORGANIZATION'S NAME						
7b. INDIVIDUAL'S SURNAME				<u>.</u>		
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 Indicate collateral:	s: ADD collateral	DELETE collateral R	ESTATE covered collatera	I AS	SSIGN collateral	
		Provide only one name (9a or 9b) (r	name of Assignor, if this is a	an Assignmen	:)	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZIN If this is an Amendment authorized by a DEBTOR, check here 9a. ORGANIZATION'S NAME 9a. ORGANIZATION'S NAME	and provide name of authorizi			,		
If this is an Amendment authorized by a DEBTOR, check here		ng Debtor	ADDITIONAL NAME(S)/IN	NITIAL(S)	SUFFIX	

	LOWINSTRUCTIONS	IADDE	IADOIAI			
	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on A 17 3292	mendment form				
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment for			rm			
12a. ORGANIZATION'S NAME						
OR	12b. INDIVIDUAL'S SURNAME					
	Brownlee					
	FIRST PERSONAL NAME Bruce					
	ADDITIONAL NAME(S)/INITIAL(S)	s	UFFIX			
	G.			HE ABOVE S	PACE IS FOR FILING OFFICE	USE ONLY
13.	Name of DEBTOR on related financing statement (Name of a current Deb one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbr					13): Provide onl
	13a. ORGANIZATION'S NAME	eviate any part of	the Beston o Harrier,	See mondeners	3 I hamo doos not it	
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	Mr.
	Lupkes ADDITIONAL SPACE FOR ITEM 8 (Collateral):	Jake				IVII.
15	This FINANCING STATEMENT AMENDMENT:	· · · · · · · · · · · · · · · · · · ·	17. Description of re	al ostate:		
۱ ۵ .		s a fixture filing	17. Description of re	ai estate,		
Bruce G. Brownlee 1212 15th Street West Des Moines, IA 50265		The North One-half of the Northwest Quarter of Section 25, The East One-half of the Southeast Quarter of Section 26, and the East One-half of the Northeast Quarter of Section 26, all in Township 75 North, Range 26 West of the 5th P.M., Madison County, Iowa.				
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