CC FINANCING STATEMENT AMENDMEDILLOW INSTRUCTIONS	≣NT	Paç Coi Iow Coi Re LIS	corded: 3/2/2022 ges 2 unty Recording Fo va E-Filing Fee: \$ nbined Fee: \$15. venue Tax: A SMITH RECORD dison County, lov	ee: \$12.00 3.00 00 DER
NAME & PHONE OF CONTACT AT FILER (optional)				
JEANIE FERGUSON 4023466000  E-MAIL CONTACT AT FILER (optional)				
JEANIE.FERGUSON@KUTAKROCK.COM				
. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Return Acknowledgement to:				
Capitol Services, Inc. PO Box 6300	'			
CAPITOL Albany, NY 12206	, I			
SERVICES 800,662.0171		THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
. Initial financing statement file number OOK 2018 PAGE 997 FILED ON 03/30/201	1b	This FINANCING STATEM	ENT AMENDMENT is to be filed [for	
OOK 2018 PAGE 997 FILED ON 03/30/201	.8	(or recorded) in the REAL	ESTATE RECORDS endum (Form UCC3Ad) <u>and</u> provide Debt	
X TERMINATION: Effectiveness of the Financing Statement identified	above is terminated with		7 *************************************	
Statement				
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affectives.		ssignee in item 7c <u>and</u> name o	Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identificantinued for the additional period provided by applicable law	ed above with respect to	the security interest(s) or Secu	red Party authorizing this Continuati	ion Statement is
CURRENT RECORD INFORMATION: Complete for Party Information 68. ORGANIZATION'S NAME	Change - provide only <u>on</u>	<u>e</u> name (6a or 6b)		
8 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAL NAME ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In 7a. ORGANIZATION'S NAME	formation Change - provide only	y <u>one</u> name (7a or 7b) (use exact, full na	ne; do not omit, modify, or aboreviate any part (	of the Debtor's name)
7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
	ADD collateral	DELETE collateral R	ESTATE covered collateral	ASSIGN collateral
Indicate collateral:				
NAME OF SECURED PARTY OF RECORD AUTHORIZING TH			ame of Assignor, if this is an Assignme	ent)
		Deptor		
	vide name of authorizing			
If this is an Amendment authorized by a DEBTOR, check here   and pro				

BK: 2022 PG: 630

10. OPTIONAL FILER REFERENCE DATA: 1554801-1 - IA - MADISON

UCC FINANCING STATEMENT AMENDMENT ADDENDUM **FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form BOOK 2018 PAGE 997 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME
WELLS FARGO BANK, NATIONAL ASSOCIATION 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME AGRIVISION GROUP PROPERTIES, LLC OR 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

15. This FINANCING STATEMENT AMENDMENT:  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):	17. Description of real estate: LOT 1, BELLAMY ADDITION, PLAT NO. 1 TO THE CITY OF WINTERSET, MADISON COUNTY, LOWA.

18. MISCELLANEOUS: