



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
B. E-MAIL CONTACT AT SUBMITTER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> <p>DUBUQUE BANK AND TRUST COMPANY, A 13101 UNIVERSITY AVE, SUITE 3 CLIVE, IA 50325</p> </div>
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

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 Doyle	FIRST PERSONAL NAME Ann	ADDITIONAL NAME(S)/INITIAL(S) T	SUFFIX	
1c. MAILING ADDRESS 4026 Amick Ave	CITY Des Moines	STATE IA	POSTAL CODE 50310	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 USA

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 DUBUQUE BANK AND TRUST COMPANY, A DIVISION OF HTLF BANK				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS 13101 UNIVERSITY AVE, SUITE 3	CITY CLIVE	STATE IA	POSTAL CODE 50325	COUNTRY USA

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

All inventory, equipment, building materials, fixtures and general intangibles; whether owned now or acquired later by the debtor and/or grantor in connection with or related to the construction, sale, operation and maintenance of the property located at 1824 Quarry Trail Rd, Winterset, IA 50273; All accessions, additions, replacements, and substitutions relating to any of the foregoing; All records of any kind relating to any of the foregoing; All proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds); whether any of the foregoing is owned now or acquired later.

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:

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

OR	9a. ORGANIZATION'S NAME	
	9b. INDIVIDUAL'S SURNAME	
	Doyle	
FIRST PERSONAL NAME		SUFFIX
Ann		
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
T		

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

OR	10a. ORGANIZATION'S NAME					
	10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					SUFFIX	
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)

OR	11a. ORGANIZATION'S NAME					
	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):

16. Description of real estate:
Exhibit A.

17. MISCELLANEOUS:

Exhibit A

The Northwest Quarter (¼) of the Northwest Quarter (¼) of Section Twenty-three (23), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M. Madison County, Iowa,

EXCEPT a tract of land located therein containing 4.2022 acres, more particularly described as follows, to-wit: Commencing at the Northwest corner of said Section Twenty-three (23), thence South 00°00' 571.80 feet along the West line of the Northwest Quarter (¼) of said Section Twenty-three (23) to the point of beginning, thence North 87°21' East 218.27 feet, thence South 03°48' East 756.75 feet, thence South 89°05' West 268.22 feet along the South line of the Northwest Quarter (¼) of the Northwest Quarter (¼) of said Section Twenty-three (23), thence North 00°00' 749.29 feet along the West line of the Northwest Quarter (¼) of said Section Twenty-three (23) to the point of beginning.