

BK: 2026 PG: 1292
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Pages 2
County Recording Fee: \$12.00
Iowa E-Filing Fee: \$3.00
Combined Fee: \$15.00
Revenue Tax: \$0.00
BRANDY L. MACUMBER, RECORDER
Madison County, Iowa

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

| | | |
|--|---|--------------------------------|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294 | | |
| B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) <table border="1"><tr><td>6175 847 CSC 801 Adlai Stevenson Drive Springfield, IL 62703</td><td>Filed In: IA Madison County</td></tr></table> SEE BELOW FOR SECURED PARTY CONTACT INFORMATION | 6175 847 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 | Filed In: IA Madison County |
| 6175 847 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 | Filed In: IA Madison County | |

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 EGGERS | FIRST PERSONAL NAME ADRIAN | ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX |
| 1c. MAILING ADDRESS 114 N 8TH AVE | CITY WINTERSET | STATE IA | POSTAL CODE 50273 | 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 |

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 Foundation Finance Company LLC | | | | |
| OR | | | | |
| 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX |
| 3c. MAILING ADDRESS 10101 Market Street Suite B100 | CITY Rothschild | STATE WI | POSTAL CODE 54474 | COUNTRY USA |

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

WATER SOFTENER INSTALLED IN HOME.

ADRIAN EGGERS
114 N 8TH AVE, WINTERSET, IA 50273

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: 70093113 / 60397591

6175 847

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

| | |
|-------------------------------|--------|
| 9a. ORGANIZATION'S NAME | |
| | |
| OR | |
| 9b. INDIVIDUAL'S SURNAME | |
| EGGERS | |
| FIRST PERSONAL NAME | |
| ADRIAN | |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | |

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

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

| | | | | |
|-------------------------------|------|---------------------|-------------|---------|
| 11a. ORGANIZATION'S NAME | | | | |
| | | | | |
| OR | | | | |
| 11b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | | SUFFIX |
| | | | | |
| ADDITIONAL NAME(S)/INITIAL(S) | | | | |
| | | | | |
| 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):
 ADRIAN EGGERS 114 N 8TH AVE WINTERSET,
 IA 50273 USA

16. Description of real estate:
 5 X 8 RD E MID PT SE NE SW (.25A) MISC SECTION
 36
 Deed Document #: 2021 2687
 County: MADISON, IA APN: 820-00-47-00180000
 Census Tract / Block: 602.00 / 1
 Alternate APN: 820-00-47-00180000-820
 Township-Range-Sect: 76-28-36
 Map Reference: 000000636328013 /
 Market Area: WINTERSET
 Munic/Township: WINTERSET

17. MISCELLANEOUS: