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CC FINANCING S				Book 2009	Page 1/200	369 Type 17 0 9 Time 9:24	01 Pages 2 AM IND ANN SCA
A. NAME & PHONE OF CONT	ACT AT FILER (option	onal]		LISA SMIT	H. CO	UNTY RECORDER	CHE
Phone: (800) 331-3282 Fax: (818) 662-4141 B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 18490 CARME			MADISON 10WA				
CT Lien Solut	ions	1747366	88				
P.O. Box 290° Glendale, CA		IAIA FIXTUR	E				
	File with:	CC IA Madison, IA		THE ABOVE SPACE	IS FOR FI	LING OFFICE USE ONLY	
DEBTOR'S EXACT FULL	LEGAL NAME -	insert only one_debtor name (1a	or 1b) - do not a				
1a. ORGANIZATION'S NA	ME						
					,		
16. INDIVIDUAL'S LAST N	IAME		FIRST NAME		MIDDLE		SUFFIX
Koons MAILING ADDRESS			Justin		STATE	POSTAL CODE	COUNTRY
51 Prairieview Ave			Van Meter		IA	50261	USA
SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTK	ON OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, If any	NONE
ADDITIONAL DEBTOR'S	EXACT FULL LE	GAL NAME - insert only one_de	btor name (2a c	or 2b) - do not abbreviate or co	mbine na	mes	
2a. ORGANIZATION'S NA	ME						
2b. INDIVIDUAL'S LAST N	IAME		FIRST NAME		MIDDLE	NAME	SUFFIX
MAILING ADDRESS			СПУ		STATE	POSTAL CODE	COUNTRY
SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTIO	ON OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	NONE
SECURED PARTY'S NA	ME (or NAME of T	OTAL ASSIGNEE of ASSIGNOR	R S/P) - insert o	nly one secured party name (3a or 3b)		
Carmel Financial							
3b. INDIVIDUAL'S LAST N	IAME		FIRST NAME		MIDDLE	NAME	SUFFIX
MAILING ADDRESS	<u> </u>		CITY		STATE	POSTAL CODE	COUNTRY
1 E Carmel Dr #20	U		Carmel		IN	46032	USA

5. ALTERNATIVE DESIGNATION [if applicable]	LESSEE/LESSOR CONSIGNEE/CONSIG	NOR BAILEE/BAILOR SELLER/BUY	ER AG. LIEN NON-UCC FILING
This Financing Statement is to be file ESTATE RECORDS. Attach Addendum OPTIONAL FILER REFERENCE DATA		k to REQUEST SEARCH REPORT(S) on Debtor(s) DITIONAL FEEI (oblional)	All Debtors Debtor 1 Debtor 2
17473668	RSOF	CFC	
ILING OFFICE CORY - NATIONAL LICC FIN	ANCINC CTATEMENT (FORM 1004)		Prepared by CT Lien Solutions, P.O. Boy 20071

FO	NANCING STATEME!	NT ADDENDUM				
9. 1	NAME OF FIRST DEBTOR (1a or 1b) C 9a ORGANIZATION'S NAME	IN RELATED FINANCING STATEM	MENT			
OR	95. INDIVIDUAL'S LAST NAME Koons	FIRST NAME Justin	MIDDLE NAME, SUFFIX			
	MISCELLANEOUS 473668-IA-121					
	490 CARMEL FINANCI B with: CC IA Madison, IA CFC	RSO	F			- 0.11 V
11.	ADDITIONAL DEBTOR'S EXACT FUL 11a. ORGANIZATION'S NAME	L LEGAL NAME - insert only one	name (11a or 11b) - do not a	THE ABOVE SPACE IS F abbreviate or combine names		ONLY
OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLI	E NAME	SUFFIX
110	. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
110	I. <u>SEE INSTRUCTION</u> ADD'L INFO RE ORGANIZATIO DEBTOR		11f. JURISDICTION OF ORG	GANIZATION 11g. O	RGANIZATIONAL ID #, 1	f any
12	ADDITIONAL SECURED PARTY 12a. ORGANIZATION'S NAME	'S or ASSIGNOR S/P's N	AME - insert only one name	e (12a or 12b)		
OR	12b, INDIVIDUAL'S LAST NAME	<u></u>	FIRST NAME	MIDDL	ENAME	SUFFIX
12c	MAILING ADDRESS	A	СПҮ	STATE	POSTAL CODE	COUNTRY
	This FINANCING STATEMENT covers collateral or is filed as a X fixture filing. Description of real estate:	timber to be cut or as-extracted	16. Additional collateral desc	enption:		
To 11	escription: 1251 Prairieview Avounty: MADISON PARCEL A 3 wnship: 77 Range: 27 Parcel 1021628002000 00 Whole I stem Model: TC-CT	3A SE NE Section: 16 ID 111				
15, ;	Name and address of a RECORD OWNER of (if Debtor does not have a record interest):	above-described real estate	17. Check only if applicable a	nd check <u>only</u> one box.		
			18. Check only if applicable a Debtor is a TRANSMITTI Filed in connection with a		n effective 30 years	Decedent's Estate