Book 2011 Page 2566 Type 17 002 Pa Date 9/28/2011 Time 12:26 PM Rec Amt \$12.00 Rec Amt \$12.00	Book 2811 Page 2566 Type 17 682 Page Date 9/28/2811 Time 12:26 PM Rec Amt \$12.00 Date 9/28/2811 Time 12:26 PM				Document		1 2566		
A NAME & PHONE OF CONTACT AT FILER (optional) Phone (800) 331-3282 Fax (818) 662-4141 B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 18490 CARMEL FINANCI CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 IAIA FIXTURE THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE # 20064946 11/29/06 CC IA Madison 1b. This FINANCING STATEMENT FILE # 20064946 11/29/06 CC IA Madison 2 TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. 1 SAIGNMENT (full or partial): Give name of assignee in item 7 ao r7 b and address of assignee in 7c, and also give name of assignor in item 9. 3 AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party authorizing this Continuation Statement is not provided by applicable law. 3 Also check one, of the following three boxes and, provide appropriate information in items 8 and/or 7. 3 Also check one, of the following three boxes and, provide appropriate information in items 8 and/or 7. 3 Also check one, of the following three boxes and, provide appropriate information in items 8 and/or 7. 3 Also check one of the following three boxes and, provide appropriate information in items 8 and/or 7. 3 Also check one of the following three boxes and, provide appropriate information in items 8 and/or 7. 3 Also check one of the following three boxes and, provide appropriate information in items 8 and/or 7. 4 Also check one of the following three boxes and, provide appropriate information in items 8 and/or 7. 5 CURRENT RECORD INFORMATION: 6 A. INDIVIDUAL'S LAST NAME FIRST NAME	R NAME & PHONE OF CONTACT AT FILER (optional) Phone (800) 331-3282 Fax (818) 662-4141 B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 18490 CARMEL FINANCI CT Lien Solutions 29960213 P.O. Box 29071 Glendale, CA 91209-9071 IAIA FIXTURE INTIAL FINANCING STATEMENT FILE # 20064946 11/29/06 CC IA Madison TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is confined for the additional periodia by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor growth of the provide by applicable information in items 8 and/or 7. ADD name: Complete item 7a or 7b. and affects of the Secured Party authorizing this fem 7c; and a name of the following provide by applicable information in items 8 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if assignor in item 9. ADD name: Complete item 7a or 7b. and affects of the Secured Party authorizing this Continuation Statement is name of the following provide appropriate information in items 8 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if mane care) in item 7a or 7b and address (if address charge) in item 7c. B. DELETE name: Give record name in the firm 6a or 6b; also give new name (if mane care) in item 7c, also complete item 7a or 7b. and also name (if mane care) in item 7c, also complete item 7c, and on complete item 7c, and			NT	Book 2011 Date 9/28	Page 2 3/2011	2566 Type 17	002 Pag PM	I I Al
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FIRST NAME

Prepared by CT Lien Solutions, P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-3282

MIDDLE NAME

SUFFIX

10. OPTIONAL FILER REFERENCE DATA
29960213 Debtor Name: SHILHANEK, CHRIS RSOF CFC

9b. INDIVIDUAL'S LAST NAME

	CC FINANCING STATEM LLOW INSTRUCTIONS (front a		IT ADDENDUM				
	INITIAL FINANCING STATEMENT		dment form)				
200	064946 11/29/06 CC IA Madison						
12.1	NAME of PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)						
	12a. ORGANIZATION'S NAME CARMEL FINANCIAL CORP						
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
13	lee this space for additional infor	mation					

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: 708 W FREMONT WINTERSET, IA COUNTY: MADISON Parcel ID 820 820002800070000 00 Location 708 FREMONT W WINTERSET Tax District 820 000 WINTERSET CORP WINTERSET Map ID 000000636459007 Legal Description N 18' E 44' LOT 6 & E 112' 10" LOT 4 BURGER'S 4 ACRE LOTS WATER CONDITIONING SYSTEM

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Prepared by CT Lien Solutions, P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-3282