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	CC FINANCING STATEMENT AMENDN	MENT	LICA CMITH	NOU IN IT W	DE000000		SCAN	
_	LOW INSTRUCTIONS  NAME & PHONE OF CONTACT AT FILER (optional)		LISA SMITH, ( MADISON COUNT	Y IOW	RECORDER 4		CHE	
	LOAN SERVICING 800-775-8015							
В.	E-MAIL CONTACT AT FILER (optional)							
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)							
	FIRST MUTUAL SALES FINANCE	$\neg$						
	PO BOX 1647							
Ĺ	BELLEVUE, WA 98009		THE ABOVE SPA	CE IS FOR	R FILING OFFICE	USE O	NLY	
	NITIAL FINANCING STATEMENT FILE NUMBER K: 2009 PG: 994 04/07/2009	1	b. This FINANCING STATE (or recorded) in the REA			ed [for re	ecord]	
<b>B</b> 2. [	TERMINATION: Effectiveness of the Financing Statement identifie	ed above is terminated w	Filer: attach Amendment Ad	dendum (For	n UCC3Ad) and provide			
3. [	Statement  ASSIGNMENT (full or partial): Provide name of Assignee in item	7a or 7b. and address of	Assignee in item 7c and name	of Assignor i	in item 9			
···	For partial assignment, complete items 7 and 9 and also indicate aff							
4. 🗓	CONTINUATION: Effectiveness of the Financing Statement ident continued for the additional period provided by applicable law	tified above with respect	to the security interest(s) of Sec	ured Party	authorizing this Cont	inuatior	Statement is	
5. [	PARTY INFORMATION CHANGE:							
	heck <u>one</u> of these two boxes:  AND Cr his Change affects Debtor or Secured Party of record	neck <u>one</u> of these three bo CHANGE name and/or a item 6a or 6b; <u>and</u> item 7	ddress: CompleteADD nai	ne: Complet	e item DELETE r	name: G	ive record name m 6a or 6b	
_	CURRENT RECORD INFORMATION: Complete for Party Informatio							
OR								
OIX	6b. INDIVIDUAL'S SURNAME  BRINEY	SHERRI		ADDITION	IAL NAME(S)/INITIAI	_(S)	SUFFIX	
· (	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAME			ame; do not om	it, modify, or abbreviate ar	ny part of t	he Debtor's name)	
OR	7b. INDIVIDUAL'S SURNAME				,			
	INDIVIDUAL'S FIRST PERSONAL NAME							
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX	
7c.	MÁILING ADDRESS	CITY		STATE	POSTAL CODE		COUNTRY	
8. [ <b>A</b> ]	COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:  DDRESS: 110 S 10TH AVE, WINTERSET, IA 5	ADD collateral	DELETE collateral	RESTATE oc	overed collateral	AS	SSIGN collateral	
9. N	IAME OF SECURED PARTY OF RECORD AUTHORIZING T	HIS AMENDMENT: Pr	rovide only <u>one</u> name (9a or 9b) (	name of Ass	ignor, if this is an Ass	signmen	t)	
		provide name of authorizing				-	·	
OR	FIRST MUTUAL BANK		10/21/2013					
υrt	9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITION	IAL NAME(S)/INITIAL	(S)	SUFFIX	
10. (	OPTIONAL FILER REFERENCE DATA:	1		1		<i>)</i>		
DI	EBTOR: BRINEY 53-100050-00	]	MADISON, IA \$14.00	)				

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM **FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form BK: 2009 PG: 994 04/07/2009 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a, ORGANIZATION'S NAME FIRST MUTUAL BANK OR 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 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 OR 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX **SHERRI** BRINEY 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): ADDRESS: 110 S 10TH AVE, WINTERSET, IA 50273 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: 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):

18. MISCELLANEOUS: