FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] JANICE BURKE 563-823-3414 B. SEND ACKNOWLEDGMENT TO: (Name and Address)		Book 2013 Date 11/0 Rec Amt \$	1/2013	334 Type 17 001 Time 12:05 PM	Pages IN AN SC
THE NATION P.O. BOX 1030 BETTENDOR)	LISA SMITH MADISON CO	H, COUNT DUNTY [C	TY RECORDER DWA	CH
DEBTOR'S EXACTFULL 1a. ORGANIZATION'S NAM	LEGAL NAME - insert only <u>one</u> debtorname (1a or 1b E		SPACE IS FO	OR FILING OFFICE USE O	NLY
R 16. INDIVIDUAL'SLASTNAN VANDERHEII		FIRST NAME KERRY	MIDDLE NAME DEAN		SUFFIX
MAILING ADDRESS 40 NE MAPLE		CITY	STATE		COUNTRY
ADDITIONAL DEBTOR'S 2a. ORGANIZATION'S NAM 2b. INDIVIDUAL'S LAST NA VANDERHEII	ME	debtor name (2a or 2b) - do not abbreviate or comb	MIDDLE		SUFFIX
MAILING ADDRESS 40 NE MAPLE AVE.		CITY EARLHAM	STATE	POSTAL CODE 50072	COUNTRY
	ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID#, if any	N
3a. ORGANIZATION'S NAM THE ACRI CO		P) - insert only <u>one</u> secured party name (3a or 3b)			
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX
ì		MILAN	STATE IL.	POSTAL CODE 61264	COUNTRY

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 VANDERHEIDEN FIRST PERSONAL NAME **KERRY** ADDITIONAL NAME(S)/INITIAL(S) SUFFIX **DEAN** 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 10b. INDIVIDUAL'S SURNAME VANDERHEIDEN INDIVIDUAL'S FIRST PERSONAL NAME DANENE INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) KAY 10c. MAILING ADDRESS COUNTRY CITY STATE POSTAL CODE 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME THE ACRI COMPANY 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX POSTAL CODE 11c. MAILING ADDRESS CITY STATE COUNTRY **MILAN** IL P.O. BOX 737 61264 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 16. Description of real estate: (if Debtor does not have a record interest): Lot eight (8) and the south 25 feet of lot nine (9) in Block one (1) of the original town of Earlham, Madison County, Iowa. 17. MISCELLANEOUS: