



Document 2016 4013

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**3/3 UCC FINANCING STATEMENT**  
FOLLOW INSTRUCTIONS

LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

|  |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>L REIFSCHNEIDER 319/286-6224   |
| B. E-MAIL CONTACT AT FILER (optional)<br>LREIFSCHNEIDER@GUARANTY-BANK.COM  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>Return to:<br>GUARANTY BANK AND TRUST COMPANY,<br>PO BOX 1807, 302 THIRD AVE SE<br>CEDAR RAPIDS, IA 52406 |

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<br>OHC MADISON SQUARE, LLC |                          |                     |                               |                           |
| OR   | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                    |
| 1c. MAILING ADDRESS<br>8350 HICKMAN RD STE 15      |                          | CITY<br>CLIVE       | STATE<br>IA                   | POSTAL CODE<br>50325-4311 |

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 |

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<br>GUARANTY BANK AND TRUST COMPANY |                          |                      |                               |                      |
| OR   | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME  | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |
| 3c. MAILING ADDRESS<br>PO BOX 1807                         |                          | CITY<br>CEDAR RAPIDS | STATE<br>IA                   | POSTAL CODE<br>52406 |

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

FIXTURES LOCATED AT: UNIT #207  
209 WEST JEFFERSON STREET  
WINTERSSET, IA 50273

|   |  |
|---|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative     |  |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility            | 6b. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser |  |
| 8. OPTIONAL FILER REFERENCE DATA:   |  |

# 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

QHC MADISON SQUARE, LLC

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

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

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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):

QHC MADISON SQUARE, LLC  
8350 HICKMAN RD STE 15  
CLIVE, IA 50325

16. Description of real estate:

UNIT #207 OF JEFFERSON PLACE IN THE CITY OF WINTERSSET, MADISON COUNTY, IOWA, AND AN UNDIVIDED 1/23 INTEREST IN THE COMMON ELEMENTS AND AREAS OF JEFFERSON PLACE AS SHOWN IN THE DECLARATION OF CONDOMINIUM OF JEFFERSON PLACE FILED FOR RECORD ON APRIL 14, 1995 IN TOWN LOT DEED RECORD 60 AT PAGE 159 IN THE MADISON COUNTY RECORDER'S OFFICE (AND ANY SUPPLEMENTS AND AMENDMENTS THERETO)



17. MISCELLANEOUS: