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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
<input checked="" type="checkbox"/> BLUE WORLD POOLS INC 120 INTERSTATE N PKWY E STE 426 ATLANTA, GA 30339

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)

OR	1a. ORGANIZATION'S NAME			
	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIALS	SUFFIX
	Davis	Howard		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1762 Summerhill Dr	Prole	IA	50229	USA

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)

OR	2a. ORGANIZATION'S NAME			
	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIALS	SUFFIX
	Davis	Vickey Jo		
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1762 Summerhill	Prole	IA	50229	USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

OR	3a. ORGANIZATION'S NAME			
	Blue World Pools, Inc.			
	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIALS	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
9120 Double Diamond Pkwy Suite 4925	Reno	NV	89521	USA

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

A PERMANENT LIEN FILED AGAINST A (Classic 27: (1) - 27 FT above ground pool) FINANCED FOR A TERM OF (132) MONTHS.

**THE POOL IS LOCATED AT:
1762 Summerhill Dr
Prole, IA 50229**

AND DESCRIBED BELOW:

SEE EXHIBIT "A".

THE OWNERS ARE: Davis, Howard Davis, Vickey Jo

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box

Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Unity

6b. Check only if applicable and check only one box:

Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor

Consignee/Consignor

Seller/Buyer

Ballee/Ballor

Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

International Association of Commercial Administrators (IACA)

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

OR	9a. ORGANIZATION'S NAME	
	9b. INDIVIDUAL'S SURNAME Davis	
	FIRST PERSONAL NAME Howard	
	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

OR	10a. ORGANIZATION'S NAME				
	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)

OR	11a. ORGANIZATION'S NAME				
	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIALS	SUFFIX	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be out <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> 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):	16. Description of real estate: A PERMANENT LIEN FILED AGAINST A Classic 27: (1) - 27 FT above ground pool FINANCED FOR A TERM OF 132 MONTHS. THE POOL IS LOCATED AT: 1762 Summerhill Dr Prole, IA 50229 AND DESCRIBED BELOW: SEE EXHIBIT "A". THE OWNERS ARE: Davis, Howard Davis, Vickey Jo

17. MISCELLANEOUS:

Loan # : DAVIS

Exhibit A

LEGAL DESCRIPTION

The following described property:

North One-Quarter (N 1/4) of the Northeast One-Quarter (NE 1/4) of the Southwest One-Quarter (SW 1/4) of Section Eight (8), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa; together with an easement over, upon and across the South Three-Quarters (S 3/4) of the NE 1/4 SW 1/4 of Sec. 8-76-26. Madison County, Iowa, to maintain repair, or replace the water line, utility lines, and well as they are currently located thereon, with reasonable egress and ingress rights for access to the easement area, said easement shall be permanent and shall run with the land for the benefit of these grantees and their or assigns, the easements area shall be limited to 15' on each side of the water line as it is currently located thereon, the water line, utility line and well are exclusively for grantees, their successor or assigns, use, all costs associated with the water line, utility line and well are solely the responsibility of grantees and their successor or assigns.

Assessor's Parcel No: 450080862002000