CC FINANCING STATEMENT OLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Bruce Brownlee 515-224-2098	L1S MAD	GA SMITH, COUNTY DISON COUNTY IOW	RECORDER /A	ANN SCA CHE
. E-MAIL CONTACT AT FILER (optional)				
Bruce Brownlee 1212 15th Street West Des Moines, IA 50265				
<u>L</u>				
DEBTOR'S NAME: Provide only one Debtor name (1a or 1)	b) (use exact, full name; do not omit, modify, or	THE ABOVE SPACE IS F		
name will not fit in line 1b, leave all of item 1 blank, check here	and provide the Individual Debtor informati			
1a. ORGANIZATION'S NAME				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ADDITIONAL NAME(S)/INITIAL(S)	
Lupkes MAILING ADDRESS	Jake	STATE	STATE POSTAL CODE	
	10111		1	COUNT
179 Page DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b name will not fit in line 2b, leave all of item 2 blank, check here	Osceola b) (use exact, full name; do not omit, modify, or a modify and provide the Individual Debtor information			
179 Page DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or	abbreviate any part of the Debto on in item 10 of the Financing S	or's name); if any part of the	Individual De UCC1Ad)
179 Page DEBTOR'S NAME: Provide only one Debtor name (2a or 2b name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	e) (use exact, full name; do not omit, modify, or a and provide the Individual Debtor informati	abbreviate any part of the Debto on in item 10 of the Financing S	I or's name); if any part of the statement Addendum (Form	Individual De UCC1Ad)
179 Page DEBTOR'S NAME: Provide only one Debtor name (2a or 2t name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME	(use exact, full name; do not omit, modify, or a land provide the Individual Debtor informati	abbreviate any part of the Debt on in item 10 of the Financing S ADDITI	or's name); if any part of the statement Addendum (Form ONAL NAME(S)/INITIAL(S) POSTAL CODE	Individual De UCC1Ad)
179 Page DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS	(use exact, full name; do not omit, modify, or a land provide the Individual Debtor informati	abbreviate any part of the Debt on in item 10 of the Financing S ADDITI	or's name); if any part of the statement Addendum (Form ONAL NAME(S)/INITIAL(S) POSTAL CODE	Individual De
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of A 3a. ORGANIZATION'S NAME 3b. INDIVIDUAL'S SURNAME	(use exact, full name; do not omit, modify, or a land provide the Individual Debtor informati	ADDITION STATE Secured Party name (3a or 3)	or's name); if any part of the statement Addendum (Form ONAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX COUNT
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of A 3a. ORGANIZATION'S NAME	(use exact, full name; do not omit, modify, or a land provide the Individual Debtor information of the Individual Debtor i	ADDITION STATE Secured Party name (3a or 3)	or's name); if any part of the statement Addendum (Form ONAL NAME(S)/INITIAL(S) POSTAL CODE ONAL NAME(S)/INITIAL(S)	SUFFIX

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable):	er Bailee/Bailor Licensee/Licensor
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 OR 9b. INDIVIDUAL'S SURNAME Lupkes FIRST PERSONAL NAME Jake ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Mr. 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 INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE 10c. MAILING ADDRESS POSTAL CODE COUNTRY CITY ADDITIONAL SECURED PARTY'S NAME OF 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 POSTAL CODE COUNTRY 11c. MAILING ADDRESS 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) 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): The North One-half of the Northwest Quarter of Section Bruce G. Brownlee Twenty-five, Township Seventy-five North, Range Twenty-six West 1212 15th Street West Des Moines, IA 50265 of the 5th P.M., Madison County, Iowa The East One-half of the Southeast Quarter of Section Twenty-six, Township Seventy-five North, Range Twenty-six West of the 5th P.M., Madison County, Iowa The East One-half of the Northeast Quarter of Section Twenty-six, Township Seventy-five North, Range Twenty-six West of the 5th P.M., Madison County, Iowa 17. MISCELLANEOUS: