		BK: 2018 P Recorded: 6, Fee Amount Revenue Tax LISA SMITH Madison Cou	/21/2 : \$12 <: RECC	018 at 4:0 .00 )RDER	)0:04.0 PN
UCC FINANCING STATEMENT AMENDA	MENT				
FOLLOW INSTRUCTIONS  A NAME & PHONE OF CONTACT AT FILER (optional)	1				
Jen Pfab 319-743-7016					
B. E-MAIL CONTACT AT FILER (optional) jpfab@crbt.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Cedar Rapids Bank & Trust					
500 1st Ave NE	l				
Cedar Rapids, IA 52401					
	-				
				R FILING OFFICE	
1s. INITIAL FINANCING STATEMENT FILE NUMBER Book 2016 Page 4013	13:	(or recorded) in the REAL	ESTATÉ	RECORDS	
Z. I TERMINATION; Effectiveness of the Financing Statement identification.     Statement	led above is terminated wi	Filer: <u>attact;</u> Amendmen( Add th respect to the security interes			
<ol> <li>ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete flems 7 and 9 and also indicate a</li> </ol>		Assignee in item 7c <u>and</u> nême o	f Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law	t laeçes with respect	o the security interest(s) of Secu	ured Party	authorizing this Cont	invation Statement is
5. PARTY INFORMATION CHANGE:	eteranium uu uu maanaanid koo uulumiram uu kundid kanif (Peleonooy) kanil				
Check one of these two boxes.	heck <u>one</u> of these three box — CHANGE name and/or ac	koress: Complete ADD пап	re: Comple	te itemDELETE r	jame: Give record nam
This Change affects Debtor or Secured Party of record  5. CURRENT RECORD INFORMATION: Complete for Party Information	item 6e or 6b; <u>and</u> item 7e ion Change - provide only <u>o</u>		and liem 7	c to be sele	ted in item 6a or 6b
68, ORGANIZATION'S NAME					
OR SE INDIVIDUAL'S SURNAME	I ripor propoul	1 MARIE	ADDITIO	NAL NAME(S)/INITIAL	(5) SUFFIX
66. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAT NAME(D)/INCHAL	(a) enely
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a, ORGANIZATION'S NAME	rty Information Change - provide or	rly <u>one</u> name (7s or 7b) (use exact, full na	rne; do not a	mil, modify, or abbreviate an	ny part of the Debtor's name
OR 75. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS 8350 HICKMAN RD STE 15	CLIVE		STATE LA	50325-4311	COUNTRY
			<u> </u>	covered collateral	ASSIGN collater
8. COLLATERAL CHANGE: Also check one of these four boxes:  Indicate collaterat:	ADD collateral	DELETE collateral F	CO I MIC	covered covereral	Wastow collete.
FIXTURES LOCATED AT: UNIT #207					
209 WEST JEFFERSON STREET					
WINTERSET, IA 50273					

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here \_\_\_\_ and provide name of authorizing Debtor 9a, ORGANIZATION'S NAME CEDAR RAPIDS BANK AND TRUST COMPANY OR 96, INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME

10. OPTIONAL FILER REFERENCE DATA:

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form Book 2016 Page 4013 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a, ORGANIZATION'S NAME OHC MADISON SQUARE, LLC 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 CEDAR RAPIDS BANK & TRUST ADDITIONAL NAME(S)/INITIAL(S) SUFFIX OR 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

15. This FINANCING STATEMENT AMENDMENT:	17. Description of real estate:
	UNIT #207 OF JEFFERSON PLACE IN THE CITY
16 Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):  QHC MADISON SQUARE, LLC 8350 HICKMAN RD STE 15  CLIVE, IA 50325	OF WINTERSET, 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)
. <del></del>	