

UCC FINANCING STATEMENT AMENDMENT

E25025979-5

FOLLOW INSTRUCTIONS

**FILED
IOWA SECRETARY OF STATE**

2025-05-22 12:58

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
B. E-MAIL CONTACT AT SUBMITTER (optional)
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) Off-site Administrative Services 1419 SE Wanda Dr Ankeny, IA 50021

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

INITIAL FINANCING STATEMENT FILE NUMBER
E25007642-2

This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement.

ASSIGNMENT (full or partial): Provide name and address of Assignee and name of Assignor in sections below.

CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

PARTY INFORMATION CHANGE:

Check one of these two boxes: This Change affects Debtor or Secured Party of record

AND Check one of these three boxes to:

CHANGE name and/or address: Give current record name, new name (if name change), and/or new address (if address change) in sections below.

ADD name: Complete Name, and also Address section below.

DELETE name: Give record name to be deleted in section below.

CURRENT RECORD INFORMATION: Complete for Party information Change - provide only one name

OR	ORGANIZATION'S NAME JP Morgan Chase Bank, N.A			
	INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

CHANGED OR ADDED INFORMATION: Complete for Assignment or Party information Change - provide only one name (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

OR	ORGANIZATION'S NAME JP Morgan Chase Bank, NA			
	INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
270 Park Ave	New York	NY	10017	USA

COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate collateral:

NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (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

OR	ORGANIZATION'S NAME			
	INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	Jacobson	Brittany	Frances	

OPTIONAL FILER REFERENCE DATA

Use this space for additional information