

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

E22052447-9

| |
|---|
| A. NAME & PHONE OF CONTACT AT FILER (optional) |
| B. E-MAIL CONTACT AT FILER (optional) |
| C. SEND ACKNOWLEDGEMENT TO: (Name and Address) Brenda Utzinger 131 Main St, PO Box 160 Hills, IA 52235 |

FILED
IOWA SECRETARY OF STATE**2022-07-08 16:40**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DEBTOR'S NAME: Provide only one Debtor name - use exact, full name; do not omit, modify, or abbreviate any part of the debtor's name

| | | | | |
|----------------------|----------------------|---------------------|-------------------------------|-------------|
| ORGANIZATION'S NAME | | | | |
| OR | INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | Nusser | William | Rawson Boyd | |
| MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| 13 Briar Ridge Dr NE | | Iowa City | IA | 52240 |
| | | | | COUNTRY |
| | | | | USA |

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

| | | | | |
|-------------------------|----------------------------|---------------------|-------------------------------|-------------|
| ORGANIZATION'S NAME | | | | |
| OR | Hills Bank & Trust Company | | | |
| | INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | | |
| MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| 131 Main St, PO Box 160 | | Hills | IA | 52235 |
| | | | | COUNTRY |
| | | | | USA |

COLLATERAL: This financing statement covers the following collateral:

All inventory, equipment, accounts (including but not limited to all health-care-insurance receivables), chattel paper, instruments (including but not limited to all promissory notes), letter-of-credit rights, letters of credit, documents, deposit accounts, investment property, money, other rights to payment and performance, and general intangibles (including but not limited to all software and all payment intangibles); all attachments, accessions, accessories, fittings, increases, tools, parts, repairs, supplies, and commingled goods relating to the foregoing property, and all additions, replacements of and substitutions for all or any part of the foregoing property; all insurance refunds relating to the foregoing property; all good will relating to the foregoing property; all records and data and embedded software relating to the foregoing property, and all equipment, inventory and software to utilize, create, maintain and process any such records and data on electronic media; and all supporting obligations relating to the foregoing property; all whether now existing or hereafter arising, whether now owned or hereafter acquired or whether now or hereafter subject to any rights in the foregoing property; and all products and proceeds (including but not limited to all insurance payments) of or relating to the foregoing property.

Check only if applicable and check only one box: Collateral is: ☐ held in a Trust ☐ being administered by a Decedent's Personal RepresentativeCheck only if applicable and check only one box:☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting UtilityCheck only if applicable and check only one box:☐ Agricultural Lien ☐ Non-UCC FilingALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

OPTIONAL FILER REFERENCE DATA

HBT CML Blanket - 8076034102

| | |
|--|---|
| <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) | This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing |
| Name and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest): | Description of real estate: |

