			D Filed <u>Max</u>	ATE of NEBRA AKOTA COUN I for record t CM 2013 M., and reco	ITY J 55. his <u>20</u> day (at <u>9:20</u> 0'cloc		
UCC FINANCING ST. FOLLOW INSTRUCTIONS (from			Instrument No 13-029 353				
A. NAME & PHONE OF CONTA			Register of Deeds Theodore				
Deb Schuchard 712-94 B. SEND ACKNOWLEDGMENT							
B, SEND ACKNOWLEDGMENT	10. (Name and Address)	_					
Pioneer Bank		∮ .					
202 First St. PO Sergeant Bluff, L							
Seigeant Diuti, in	7 21024						
4 DEDTORIGENACTEUR LE	DAL NAME :		E SPACE IS FO	R FILING OFFICE U	SEONLY		
1a, ORGANIZATION'S NAME	GAL NAME-insert only <u>one</u> debtorname (1a or 1b	y-donocassieviade of commine names					
RS Management, L.	L.C.		li den e				
OR 16. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME			
1c. MAILING ADDRESS		СПҮ	STATE	POSTAL CODE	COUNTRY		
5000 S Lewis Blvd		Sioux City	IA	51106	USA		
	LINFO RE 16. TYPE OF ORGANIZATION	1f, JURISDICTION OF ORGANIZATION	1 -	1g. ORGANIZATIONAL ID #, if any			
DEB	TOR LLC (ACT FULL LEGAL NAME - insert only one of	Iowa		260571			
OR 2b, INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS 2d. SEEINSTRUCTIONS ADD	'L INFO RE 26, TYPE OF ORGANIZATION	FIRST NAME CITY 21. JURISDICTION OF ORGANIZATION	STATE 2g. ORG	NAME POSTAL CODE ANIZATIONAL ID #, if any	COUNTRY		
	ANIZATION '	1					
	(or NAME of TOTAL ASSIGNEE of ASSIGNOR S/I	P)-insert only <u>one</u> secured party name (3a or 3b)					
3a. ORGANIZATION'S NAME							
OR Pioneer Bank 3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME			
3c, MAILING ADDRESS		СПУ	STATE	POSTAL CODE	COUNTRY		
202 First St., PO Box 7		Sergeant Bluff	IA	51054	USA		

UCC FINANCING	STATEME	ENT A	DDENDUM			I				
FOLLOW INSTRUCTIONS	(front and back)	CAREFL	JLLY			Į				
9. NAME OF FIRST DEB		ON RELA	TED FINANCING STA	TEMEN	<u> </u>	4				
	RS Management, L.L.C. 95. INDIVIDUAL'S LAST NAME FIRST NAME			MIDDLE NAME, SUFFIX						
10,MISCELLANEOUS:						1				
TO. WINDOLLDANEOUS.										
						İ				
						THE ABOVE	SPACE	IS FOR FILING OFFI	CE USE ONLY	
11. ADDITIONAL DEBTO		L LEGAL	NAME - insert only one n	name (11a	or 11b) - do not abbre	viate or combine name	es.			
11a, ORGANIZATION'S N	AME									
OB							Lunni e		Tourse	
11b. INDIVIDUAL'S LAST	NAME			FIRST NAME			MIDDLE NAME		SUFFIX	
						- ,		Inner Cont		
11c. MAILING ADDRESS				CITY			STATE	POSTAL CODE	COUNTRY	
		T		144 111	NODIOTICH OF ORCA	NIZATION	14 - 00	ANIZATIONIAL ID # if a		
11d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	11e, TYP	E OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION		NIZATION	11g. ORGANIZATIONAL ID #, if any			
	DEBTOR	<u> </u>					1		NONE	
12. ADDITIONAL SEC		'S <u>or</u> [ASSIGNOR S/P'S	NAME	- insert only one name	(12a or 12b)				
12a. ORGANIZATION'S N	AME									
OR AND AND AND AND			FIRST NAME			MIDDLE NAME SUFFIX				
12b, INDIVIDUAL'S LAST NAME		FIRST IMME			00171		100.75%			
12c. MAILING ADDRESS		-		CITY			STATE	POSTAL CODE	COUNTRY	
126. MAILING ADDRESS										
13. This FINANCING STATEM	ENT covers I tir	mber to be	cut or as-extracted	16. Ad	ditional collateral descr	iption:				
collateral, or is filed as a			эт П							
14. Description of real estate:	V									
Lot Six (6), Florence	e Addition t	o the C	lity of South							
Sioux City, Dakota										
Dioun City, Dutter			•							
Record owner: RS	Record owner: RS Management, L.L.C.									
15. Name and address of a Ri (if Debtor does not have a		above-des	cribed real estate							
(ii Deptoi does not nave a	record interesty.									
						nd check <u>only</u> one bo			7	
								roperty held in trust or	Decedent's Estate	
				I	eck <u>only</u> if applicable a		ζ.			
				1 200	otor is a TRANSMITTIN		-			
					d in connection with a			-		
					Filed in connection with a Public-Finance Transaction — effective 30 years					