UCC-3 Form - TERMINATION

Original File Number: **202330027210**

FILER INFORMATION

Full name: **INNOVATION REFUNDS**

Email Contact at Filer: **LIENFILING@INNOVATIONREFUNDS.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **INNOVATION REFUNDS**

Mailing Address: **INNOVATION REFUNDS**

City, State Zip Country: **WEST DES MOINES, IA 50266 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: INNOVATION REFUNDS

CUSTOMER REFERENCE: C1017981