. NAME & PHONE OF CONTACT AT FILER (optional)		7		
Darcey Bailey (515)36 E-MAIL CONTACT AT FILER (optional)	62-0873			
bailey.darcey@principal.com . SEND ACKNOWLEDGMENT TO: (Name and Addre			• 188	
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<u></u>]	THE ABOVE SPACE	E IS FOR FILING OFF	ICE USE ONLY
INITIAL FINANCING STATEMENT FILE NUMBER 0061227000627040 12/27/2006		1b. This FINANCING STATEM (or recorded) in the REAL Filer: attach Amendment Adde		
TERMINATION: Effectiveness of the Financing States Statement	ment identified above is terminated			
ASSIGNMENT (full or partial): Provide name of Assig			Assignor in item 9	
For partial assignment, complete items 7 and 9 <u>and</u> also CONTINUATION: Effectiveness of the Financing Sta			red Party authorizing this	Continuation Stateme
continued for the additional period provided by applicable	•		, our y arriy arrivonarrig time	
PARTY INFORMATION CHANGE:	AND Check one of these three	boxes to:		
theck <u>one</u> of these two boxes: This Change affects Debtor <u>or</u> Secured Party of record	CHANGE name and/or	r address: Complete —— ADD name		ETE name: Give recorde deleted in item 6a or 6l
CURRENT RECORD INFORMATION: Complete for Par		* .		
6a. ORGANIZATION'S NAME				
DIXON ONE LLC 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/IN	NTIAL(S) SUFFIX
			, , , , , , , , , , , , , , , , , , , ,	
CHANGED OR ADDED INFORMATION: Complete for Assi	ignment or Party Information Change - provid	ie only <u>one</u> name (7a or 7b) (use exact, full nar	ne; do not omit, modify, or abbrev	riate any part of the Debtor's r
7a. ORGANIZATION'S NAME				
7b. INDIVIDUAL'S SURNAME		<u></u>		····
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MAILING ADDRESS COLLATERAL CHANGE: Also check one of these for Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTHOr this is an Amendment authorized by a DEBTOR, check her	ORIZING THIS AMENDMENT:	Provide only <u>one</u> name (9a or 9b) (na		
MAILING ADDRESS COLLATERAL CHANGE: Also check one of these for Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTHOR this is an Amendment authorized by a DEBTOR, check her 9a. ORGANIZATION'S NAME	ORIZING THIS AMENDMENT: re and provide name of authoriz	Provide only <u>one</u> name (9a or 9b) (na zing Debtor	ame of Assignor, if this is a	ın Assignment)
MAILING ADDRESS COLLATERAL CHANGE: Also check one of these for Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTHOR If this is an Amendment authorized by a DEBTOR, check her	ORIZING THIS AMENDMENT: re and provide name of authoriz	Provide only <u>one</u> name (9a or 9b) (nazing Debtor arns Commercial Mortga	ame of Assignor, if this is a	in Assignment)