This UCC-1 FINANCING STATEMENT is presented for filing pursuant to the Wisconsin Uniform Commercial Code.

1. Debtor (Legal Name Of Entity Or Last Name If An Individual): GRANDE MILK PRODUCERS — First Name: Robert — Middle Initial: J

1A. Mailing Address: 2407 210TH STREET

1B. City, State, Zip Code: MANCHESTER, IA 52057 — **1C.** Social Security or Federal Tax ID No.: [redacted]

2. Additional Debtor (If Any) (Legal Name Of Entity Or Last Name If An Individual) — First Name — Middle Initial

2A. Mailing Address

2B. City, State, Zip Code — **2C.** Social Security or Federal Tax ID No.

3. Additional Debtor (If Any) (Legal Name Of Entity Or Last Name If An Individual) — First Name — Middle Initial

3A. Mailing Address

3B. City, State, Zip Code — **3C.** Social Security or Federal Tax ID No.

4. Secured Party

Name: MAXCO, INC.
Mailing Address: PO BOX 10067
City, State, Zip Code: 2099 SHAWANO AVE. GREEN BAY, WI 54307-0067

5. File With ☐ Secretary of State ☒ Reg. of Deeds DELAWARE County

6. No. of Additional Sheets Presented: _____ Attaching additional pages requires non-standard fee.

8. Office use only, (Initial Filing — Date, Time, Number, etc.)

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DELAWARE COUNTY IOWA
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9. SUBMITTER ACCOUNT NUMBER
(For use only with Secretary of State — insert assigned number, if any.)

10. Assignee Of Secured Party (if any)

Name
Mailing Address
City
State, Zip Code

7. This Financing Statement covers the following types (or items) of Collateral and (7A) If the collateral is crops, the land on which the crops are growing or to be grown.

7B. Proceeds of collateral are covered unless checked ☐ **7C.** Products of collateral are covered unless checked ☐. **7D.** If checked here ☐ the term "Debtor" refers to a "Lessee", the term "Secured Party" refers to a "Lessor" and this filing is made only for informational purposes to provide notice of a personal property lease of the following:

MAXCO BULK TANK # BR323 . THIS IS A LEASE OF THE BULK TANK ONLY. THERE IS NO OWNERSHIP OF THE BULK TANK BY THE DEBTOR.

11. "Continuing Business Relationship" under S.409.404(1)(C) Wis. Stats. exists if checked ☐

12. GRANDE MILK PRODUCERS
NAME OF DEBTOR (IF ENTITY)

BY: Bob Fischer — Farmer
SIGNATURE — TITLE

SIGNATURE OF INDIVIDUAL DEBTOR

SIGNATURE OF INDIVIDUAL DEBTOR

SIGNATURE OF INDIVIDUAL DEBTOR

13. Patti Francken
SIGNATURE OF SECURED PARTY OR ASSIGNEE OR ITS AGENT — TITLE
(Signature of Secured Party if required)
PATTI FRANCKEN CREDIT DEPARTMENT
Signature of Secured Party permitted in lieu of Debtor's signature when:
(1) Collateral is subject to a security interest in another jurisdiction, and
☐ Collateral is brought into this state.
☐ Debtor's location was changed to this state.
(2) For other situations see S.409.402(2) Wis. Stats.

14. RETURN COPIES TO:
Name, Address, City, State And Zip Code:
MAXCO INC.
2099 SHAWANO AVE.
PO BOX 10067
GREEN BAY, WI 54307-0067

15. PATTI FRANCKEN
CONTACT PERSON
(920) 494-5233
PHONE NUMBER

1. FILING OFFICER COPY