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) | First Name | Middle Initial

ED PUTZ

1A. Mailing Address

1368 310th

1B. City, State, Zip Code | **1C.** Social Security or Federal Tax ID No.

NEW VIENNA, IOWA

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: 2099 SHAWANO AVE.

City, State, Zip Code: PO BOX 10067 GREEN BAY, WI 54307-0067

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

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

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

'97 DEC 15 AM 11 02

G 12861

10.00

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# BR 22 1. THIS 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. ED PUTZ
NAME OF DEBTOR (IF ENTITY)

BY: Ed Putz
SIGNATURE — TITLE

SIGNATURE OF INDIVIDUAL DEBTOR

SIGNATURE OF INDIVIDUAL DEBTOR

SIGNATURE OF INDIVIDUAL DEBTOR

13. Pat Wade
SIGNATURE OF SECURED PARTY OR ASSIGNEE OR ITS AGENT — TITLE
(Signature of Secured Party if required)

PAT WADE CUSTOMER SERVICE

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

15. PAT WADE
CONTACT PERSON

(920) 494-5233
PHONE NUMBER

1. FILING OFFICER COPY