This FINANCING STATEMENT is presented to THE FILING OFFICER for filing for record in the real estate records:

1 Debtor(s) (Last Name First) and address(es)	2 Secured Party(ies) and address(es)	3 For Filing Officer (Date, Time, Number, and Filing Office)
Scanlan, Forrest L. Scanlan, Charline (lessee) Scanlan, William W. Scanlan, Donna Rt. 3 Manchester, Ia. 52057	ENV. AgriStor Leasing (Owner) Box 2000 Elm Grove, WI 53122	$3.00 85 196-387
4 This Financing Statement covers the following types or items of property: (1) One 40A 2042 HARVESTORE Structure (1) One AU51 Sweep Arm Auger Automation package		5 Name and Address of Assignee 206

6 Check appropriate box(s) The above goods are or are to become fixtures on ☒ The above timber is standing on ☐ The above minerals or the like (including oil and gas) or mineral accounts will be financed at the wellhead or minehead located on ☐ (Describe real estate below. See instruction #4):

SE¼ of NW¼ except road, Sec. 35, T89N, R6W, Delaware County, Ia.

"THE TRANSACTION COVERED HEREBY IS A TRUE LEASE, AND, ONLY AS TO THE LESSEE, THIS FILING IS FOR INFORMATIONAL PURPOSES. LESSEE IS OBLIGATED TO PAY ALL TAXES ON ALL EQUIPMENT LISTED HEREIN."

The name of a record owner is Forrest L. Scanlan

7 ☐ Products of collateral are covered.

8

Signature of Debtor Forrest L. Scanlan

Type or Print all names (Iowa Code 335.2)

Signature of Debtor William W. Scanlan

Type or Print all names (Iowa Code 335.2)

Secured party or other appropriate signature may be substituted for debtor(s) signature only in cases covered by UCC 9-402(2), 9-408 and 11105, and must be identified when substituted.

TERMINATION STATEMENT: This Statement is presented to a Filing Officer for filing for record pursuant to the Uniform Commercial Code. The Secured Party certifies that a security interest no longer is claimed under the financing statement bearing the real estate number shown above. No fee is required for filing a termination statement.

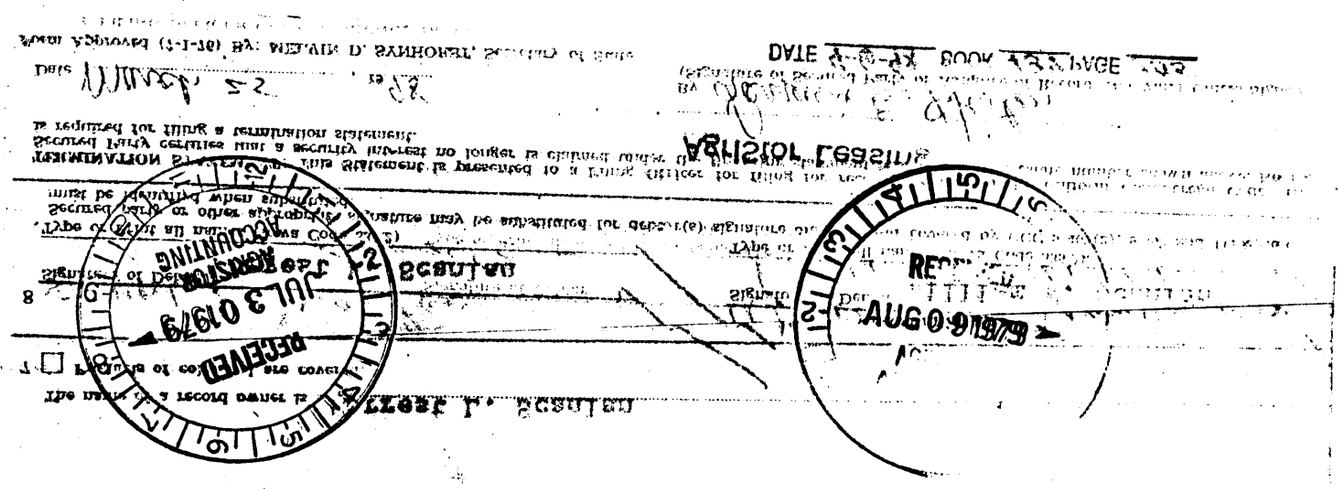
AgriStor Leasing

Date March 25, 1998

By Howard E. Hutton
(Signature of Secured Party or Assignee of Record. Not Valid Unless Signed.)

Form Approved (7-1-76) By: MELVIN D. SYNHORST, Secretary of State

DATE 4-6-98 BOOK 139 PAGE 105



Agri-Stor
P.O. Box 2000
Elm Grove, WI 53122-9981