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
BILDSTEIN BROTHERS

1A. Mailing Address
3036 182 ND STREET

1B. City, State, Zip Code
SYERSVILLE IA 52040

1C. Social Security or Federal Tax ID No.

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 AVENUE
City, State, Zip Code GREEN BAY WI 54307

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.)

DELAWARE COUNTY, IOWA
FILED
1999 DEC 21 AM 10: 57
$10.00
G12644

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 TNAK # CF1-4. 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. BILDSTEIN BROTHERS
NAME OF DEBTOR (IF ENTITY)
BY: Ed Bildstein
SIGNATURE — TITLE

SIGNATURE OF INDIVIDUAL DEBTOR

SIGNATURE OF INDIVIDUAL DEBTOR

SIGNATURE OF INDIVIDUAL DEBTOR

13. Marsha Winkler
SIGNATURE OF SECURED PARTY OR ASSIGNEE OR ITS AGENT — TITLE
(Signature of Secured Party if required)
MARSHA WINKLER 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 MAXCO INC
Address PO BOX 10067
City, State And Zip Code GREEN BAY WI 54307-0067

15. MARSHA WINKLER
CONTACT PERSON

PHONE NUMBER

1. FILING OFFICER COPY