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
Three Rivers F.S.

1A. Mailing Address
217 Northside Road

1B. City, State, Zip Code
Earlville, IA 52041

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: P.O. Box 10067 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.)

G/29560
DELAWARE COUNTY IOWA
FILED
1999 JA 25 AM 10: 35
RECORDER
PAID
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 #D18. This is a lease of the bulk tank only. There is no ownership of the bulk tank by the owner.

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

12. Three Rivers F.S.
NAME OF DEBTOR (IF ENTITY)
BY: Clark Tabor Mgr.
SIGNATURE — TITLE

SIGNATURE OF INDIVIDUAL DEBTOR

SIGNATURE OF INDIVIDUAL DEBTOR

SIGNATURE OF INDIVIDUAL DEBTOR

13. Marilyn Augustine, Cust. Serv. Mgr.
SIGNATURE OF SECURED PARTY OR ASSIGNEE OR ITS AGENT — TITLE
(Signature of Secured Party if required)
Marilyn Augustine, Customer Serv. Mgr
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.
P.O. Box 10067
Green Bay, WI 54307

15.
CONTACT PERSON
Marilyn Augustine
PHONE NUMBER
1-920-494-5233

1. FILING OFFICER COPY