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

DYERSVILLE 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
Address
City, State, Zip Code

MAXCO INC
2099 SHAWANO AVENUE
GREEN BAY WI 54304

5. File With ☐ Department of Financial Institutions ☒ Reg. of Deeds of DELAWARE County

6. Number of Additional Sheets Presented: _____ (Attaching additional pages requires non-standard fee.)

9. Filing office use only. (Filing Date, Time, Number)

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DELAWARE COUNTY IOWA
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1999 JAN -9 AM 10:03
BOOK
PAGE
DEBORAH PETON
DELAWARE CO RECORDER
$10.00

10. Insert Submitter Account Number

SUBMITTER ACCOUNT NUMBER

11. Assignee Of Secured Party (If any)

Name
Address
City
State
Zip Code

7. This Financing Statement covers the following types (or items) of collateral and/or leased goods.

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

7A. Proceeds of collateral are covered unless checked ☐. **7B.** Products of collateral are covered unless checked ☐.

8. If checked here ☐ the term "Debtor" refers to a "Lessee," the term "Secured Party" refers to a "Lessor" and this filing is made for informational purposes to provide notice of a personal property lease of the personal property described in number 7.

12. If checked ☐, a "Continuing Business Relationship" under s.409.404(1)(c), Wis. Stats., exists.

Marsha Winkler-Traffic Coordinator
SIGNATURE OF SECURED PARTY OR ASSIGNEE OR ITS AGENT — TITLE
(Signature of Secured Party if required)

Signature of Secured Party permitted in lieu of Debtor's signature when: (If applicable, you must check one of the following boxes.)

A. Collateral is subject to a security interest in another jurisdiction. and
- ☐ Collateral is brought into this state; or
- ☐ Debtor's location was changed to this state; or

B. Other situations when Debtor's signature is not required:
- ☐ Proceeds, see s.409.402(2), Wis. Stats.; or
- ☐ Collateral to which filing lapsed; or
- ☐ Collateral acquired after change of name, identity or corporate structure of Debtor.

13. BILDSTEIN BROTHERS
NAME OF DEBTOR (IF ENTITY)

BY: Ed Bildstein
SIGNATURE TITLE

SIGNATURE OF INDIVIDUAL DEBTOR

SIGNATURE OF INDIVIDUAL DEBTOR

SIGNATURE OF INDIVIDUAL DEBTOR

15. RETURN COPIES TO:

Name
Address
City, State
Zip Code

MAXCO INC
PO BOX 10067
GREEN BAY WI 54307-0067

16. MARSHA WINKLER
CONTACT PERSON

920-494-5233
PHONE NUMBER

NOTE: PLEASE COMPLETE #15 AND #16

1. FILING OFFICER COPY