Stock No. 11503 93802
UCC-1 (6/1/98)
(May be used after 6-1-98)

STATE OF WISCONSIN - STANDARD FORM
UNIFORM COMMERCIAL CODE - FINANCING STATEMENT
FOR USE WITH REGISTER OF DEEDS OR DEPARTMENT OF FINANCIAL INSTITUTIONS
IMPORTANT — Read instructions on back before filling out form

FIPCO

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 Avenue

1B. City, State, Zip Code
New Vienna, IA 52065

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: EM (X) Maxco, Inc.
Address: P.O. Box 10067
City, State, Zip Code: Green Bay, WI 54307

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)

G 13138
DELAWARE COUNTY IOWA
FILED
2001 MR -5 AM 11:00
BOOK 196 PAGE 84
DEBORAH L. PEYTON
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 BR357 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.

14. Marilyn Augustine, Credit Mgr
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. Ed Putz
NAME OF DEBTOR (IF ENTITY)

BY: Ed Putz
SIGNATURE TITLE

SIGNATURE OF INDIVIDUAL DEBTOR

SIGNATURE OF INDIVIDUAL DEBTOR

SIGNATURE OF INDIVIDUAL DEBTOR

NOTE: PLEASE COMPLETE #15 AND #16

15. RETURN COPIES TO:
Name
Address
City, State
Zip Code
Maxco, Inc.
P.O. Box 10067
Green Bay, WI 54307

16. Marilyn Augustine
CONTACT PERSON
920-494-5233
PHONE NUMBER

1. FILING OFFICER COPY