[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Shelia D.Smith 563-927-4250

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Commodity Credit Corporation
C/O Delaware County FSA Office
200 South 12th St.
Manchester, Iowa 52057

DELAWARE COUNTY IOWA
FILED
2001 AU 15 PM 1:53
BOOK 1002 PAGE 2955
DEBORAH J. PEYTON
DELAWARE CO RECORDER
09.11

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR 1b. INDIVIDUAL'S LAST NAME: Pottebaum | FIRST NAME: Donald | MIDDLE NAME: John | SUFFIX:

1c. MAILING ADDRESS: 1773 265th Ave. | CITY: Earlville | STATE: Ia | POSTAL CODE: 52041 | COUNTRY: USA

1d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any ☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR 2b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX

2c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY

2d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATION ID #, if any ☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME: Commodity Credit Corporation C/o Delaware County Farm Service Agency

OR 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX

3c. MAILING ADDRESS: 200 South 12th St. | CITY: Manchester | STATE: Ia | POSTAL CODE: 52057 | COUNTRY: USA

4. This FINANCING STATEMENT covers the following collateral:

New 42' Conrad Bin, electrical wiring grain spreader, inside and outside ladder packages. Sukup Hawk cut drying floor, floor supports, 10 hp motor, concrete, flashing, shivers, 20' auger, 40' auger, century 10 hp motor, anchors and bolts and all attachments.

All proceeds, products, replacements, substitutions, additions, accessions, and security acquired hereafter.

Disposition of such collateral is not hereby authorized.

5. ALTERNATIVE DESIGNATION [if applicable]: ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ A G. LIEN ☐ NON-UCC FILING

6. ☒ This FINANCING STATEMENT is to filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional] ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
Pottebaum	Donald	John

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11 b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Pottebaum	Jean	Kay	

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1773 265th Ave.	Earlville	Ia	52041	USA

11d. TAXID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID#, if any
				☐ NONE

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

14. Description of real estate:

South 1/2 of SW 1/4 and the SW1/4 of the SE 1/4 and blocks 1,9,10,11,18,19,20 and vacated streets lying between 9&10, 10& 11,18&19, 19&20 and those parts of vacated Pearl and Perk St,lying west of Broad and East of West st all in Almoral Iowa all in sect 11, the NW1/4 of the NW1/4 of sect 14 all in Twp 89 N, R 4 W of the fifth pm in Delaware County, Iowa

16. Additional collateral description:

This is a fixture filing specifically covering the new 42' Bin and attachments located on the real estate specifically described in Item # 14 herein.

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction - effective 30 years

☐ Filed in connection with a Public-Finance Transaction - effective 30 years

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