[redacted]

DELAWARE COUNTY IOWA
FILED
2002 AU 30 AM 10: 44
BOOK 2002 PAGE 3091
DEBORAH L. PETTON
DELAWARE CO. RECORDER
11.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
BARB NAUMAN (563) 744-3354

B. SEND ACKNOWLEDGMENT TO: (Name and Address)
DUBUQUE BANK AND TRUST
PO BOX 778
DUBUQUE IA 52004-0778

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: ORR FARMS INC				
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
1c. MAILING ADDRESS: 3257 210TH AVE	CITY: COGGON	STATE: IA	POSTAL CODE: 52218	COUNTRY: USA
1d. TAX ID #: SSN OR EIN: 42-1053297	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION: CORPORATION	1f. JURISDICTION OF ORGANIZATION: IOWA	1g. ORGANIZATIONAL ID #, if any: XX 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: ORR	FIRST NAME: DENNIS	MIDDLE NAME: A		SUFFIX
2c. MAILING ADDRESS: 3257 210TH AVE	CITY: COGGON	STATE: IA	POSTAL CODE: 52218	COUNTRY: USA
2d. TAX ID #: SSN OR EIN: [redacted]	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION: INDIVIDUAL	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL 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: DUBUQUE BANK AND TRUST				
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
3c. MAILING ADDRESS: 1398 CENTRAL AVE	CITY: DUBUQUE	STATE: IA	POSTAL CODE: 52004-0778	COUNTRY: USA

4. This FINANCING STATEMENT covers the following collateral:

All fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacement, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds.)

New Brock Bin 36' Diamter 12 rings high and all attached equipment including but not limited to fans, augers.

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

6. ☒ This FINANCING STATEMENT is to be 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)

Ent'd Dubuque Bank + Trust
P.O. Box 339
Farley IA 52046-0339

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

9a. ORGANIZATION'S NAME: ORR FARMS

OR

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

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
ORR	CYNTHIA	L	

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3257 210TH AVE	COGGON	IA	52218	USA

11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
[redacted]		INDIVIDUAL		☒ 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:

N 1/2 OF THE SE 1/4 AND E 1/2 OF THE NE 1/4 SECTION 26-87N-5W

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

16. Additional collateral description:

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

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)