[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Kent A. Kluver (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
2002 SP 10 PM 2:07
BOOK 2002 PAGE 3184
DEBORAH L. PAYTON
DELAWARE CO. RECORDER
$ 24.00

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
Delaware County TR Farms

OR 1b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX

1c. MAILING ADDRESS: 3311 200th Ave. | CITY: Coggon | STATE: IA | POSTAL CODE: 52218 | COUNTRY:

1d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION: Partnership | 1f. JURISDICTION OF ORGANIZATION: Iowa | 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: Ryan | FIRST NAME: Terrence | MIDDLE NAME: Michael | SUFFIX

2c. MAILING ADDRESS: 3311 200th Ave | CITY: Coggon | STATE: IA | POSTAL CODE: 52218 | 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- 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 MFS 48', 12 ring grain bin, in and outside ladder package, lance cut floor, floor supports, 8 roof vents, 10" power sweep w/power head, 15 hp centrifucial fan, cement floor foundation, rerod, 24' 8" power sweep with head, 2/0 triplex to bin from pole, 200 amp 12 space box, 100 amp wire to fan, plug and all other attachemtns.

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. [X] This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) | 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

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

9a. ORGANIZATION'S NAME: Delaware County TR Farms

OR

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

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
Ryan	Lynne	Anne	

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3311 200th Ave.	Coggon	IA	52218	

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:

NE 1/4 ofNE 1/4; NW 1/4 NE 1/4: the NE 1/4 of NW 1/4 of Section 34, TWp 87 North, Range 5, W of the 5th P.M. all in Delaware County, Iowa

16. Additional collateral description:

This is a fixture filing specifically covering a grain bin and equipment located on the real estate specifically described at item 14 herein.

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

Roase Ann Supple Reilly

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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OR

11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Reilly	Tully	Michael	

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1932 295th St.	Manchester	Ia	52057	

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
				☐ 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

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OR

11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Reilly	Christine	Kay	

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1932 295th St.	Manchester	IA	52057	

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

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OR

11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Reilly	Thomas	James	Jr.

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
P.O. Box 102	Ryan	IA	52230	

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

☐ NONE

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