[redacted]

DELAWARE COUNTY, IOWA
FILED
2002 NO 27 PM 2:15
BOOK 2002
PAGE 645
DEBORAH [illegible]
DELAWARE [illegible]

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

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
Dale Child Partners

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

1c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY
2048 110th Ave. | Masonville | IA | 50654 | USA

1d. TAX ID #: SSN OR EIN | ADDL INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION: Partnership | 1f. JURISDICTION OF ORGANIZATION: Iowa | 1g. ORGANIZATIONAL ID #, if any: [X] 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 | ADDL 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 | CITY | STATE | POSTAL CODE | COUNTRY
200 South 12th St. | Manchester | IA | 52057 | USA

4. This FINANCING STATEMENT covers the following collateral:

MFS 21', 6 ring 45 degree hopper bottom bin, MFS outside and insider ladder packages with safety cage, extension and eave safety platform. J-vent roof vent, transition to slide gate adapter, roller valve, operation system, rock and pinion kit, Sukup 3 hp1ph galvanized axial fan with controls, level alert indicator. York model grain leg 2000bph, 70' discharge height, Dodge 7X72 speed reducer, Dodge internal backstop, Baldor 10hp1ph motor, York work platform, distributor platform, York ladder packages with cage and platform, Patterson 8" x 4 duct, 45degree flatback distributor, cable control, Guy wire package with accessories, 7 bean guy posts, 12 galvanized spouting, angle ring, flange ring, elbow, adjustable spout end, expansion joint, weld sleeve, spout cable truss kit, steel bin cap lids. Beard 50375V 1ph LP galvanized full heat dryer, Beard moisture equalizer package, Steel support leg package, Quantum computerized dryer control.

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

FOLLOW INSTRUCTIONS (front back) CAREFULLY

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

9a. ORGANIZATION'S NAME: Dale Child Partners

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
Baber	Susan	Lynette	

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2048 110th Ave.	Masonville	Ia	50654	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:

The NW 1/4 of 29: the NE 1/4 of the SW 1/4 of Section 29: and the North 22 Acres of the SE 1/4 of SW 1/4 of 29, all in Twp 89 N Range 6 west of the 5th PM in Delaware County, Iowa. Subject to a perpetual right away easement in favor of the Interstate Power Company over or across the NE 1/4 of Section 29, R 6W of the 5th P.M.

16. Additional collateral description:

This is a fixture filing specifically covering the grain bin and all attached equipment located on the real estate specifically descriped 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):

Mabel McKay Child Family Trust , etal
2048 110th Ave.
Masonville, Iowa 50654

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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11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Marquardt	Ila	Mae	

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2048 110th Ave.	Masonville	Ia	50654	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
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OR

11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Marquardt	Randy	Charles	

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
801 110th Ave	Masonville	IA	50654	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
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OR

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Romine	Deanna	Sue	

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
P.O. Box 94292	Albuquerque	NM	87199-4272	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
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Romine	Jeffrey	Lynn	

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
P.O. Box 94292	Albuquerque	NM	87199-4292	USA

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Petrick	Christina	Kay	

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
820 Brookside	Evansdale	Ia	50707	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
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Petrick	Richard	Allan	

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
820 Brookside	Evansdale	IA	50707	USA

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Hartke	Pamela	Jean	

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3217 27th Ave	Marion	IA	52302	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
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11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3215 27th Ave	Marion	IA	52302	USA

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Hilby	Linda	Mae	

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1169 255th St.	Manchester	Ia	52057	USA

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11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Hilby	Gary	Lee	

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1169 255th St.	Manchester	Ia	52057	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
				☐ 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:

16. Additional collateral description:

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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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 Dale Child Partners

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 Mabel McKay Child Family Trust

11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2048 110th Ave.	Masonville	IA	50654	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
		Trust	Iowa	☒ 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.

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