[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
(515) 223-5600

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Metropolitan Life Insurance Company
Agricultural Investments
4401 Westown Parkway, Suite 220
West Des Moines, IA 50266

DELAWARE COUNTY IOWA
FILED
2004 MR 30 AM 11:02
BOOK 2004 PAGE 1003
DEBORAH L. BEYTON
DELAWARE CO. RECORDER
16.00

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

OR

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Kelchen	Rose	Ann	

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2137 102nd Street	Edgewood	IA	52042	

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
[redacted]				☐ 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. 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
Metroplitan Life Insurance Company

OR

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

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
4401 Westown Parkway, Suite 220	**West Des Moines**	**IA**	**50266**	

4. This FINANCING STATEMENT covers the following collateral;

All grain facilities and grain handling equipment located on the S½SW¼ of Sec. 4, Twp. 89N, Rge. 4W of the 5th P.M. The S½SE¼ of Sec. 5, Twp. 89N, Rge. 4W of the 5th P.M., EXCEPT the W. 70 acres thereof. The E½NW¼ and the E. One-Fourth of the NW¼NW¼, all in Sec. 1, Twp. 90N, Rge. 5W of the 5th P.M. The S½NE¼ of Sec. 18, Twp. 90N, Rge. 5W of the 5th P.M.

5. ALTERNATIVE DESIGNATION [if applicable]	☐ ESSEE/LESSOR	☐ CONSIGNEE/CONSIGNOR	☐ BAILEE/BAILOR	☐ SELLER/BUYER	☐ AG LIEN	☐ NON-UCC FILINGS
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)

126-103/139-264/2003-5350

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

	9.a. ORGANIZATION'S NAME		
OR	9.b. INDIVIDUAL'S LAST NAME Kelchen	FIRST NAME Rose	MIDDLE NAME, SUFFIX Ann

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
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

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 ☐ ASSIGNORS 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:

*See number (4) on page 1

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)