[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
HEATHER SAFFERT (507)359-8639

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

ATTN: HEATHER SAFFERT
ASSOCIATED MILK PRODUCERS INC
PO BOX 455
NEW ULM, MN 56073

Book 2005 Page 1666

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DEBORAH L. PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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
LINCOLN	GERALD	L	

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1093 140TH AVE	STRAWBERRY POINT	IA	52076	USA

1d. TAX ID #: SSN OR EIN * NOT REQUIRED IN WIS	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 * NOT REQUIRED IN WIS	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
ASSOCIATED MILK PRODUCERS INC

OR

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

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
PO BOX 455	NEW ULM	MN	56073	USA

4. This FINANCING STATEMENT covers the following collateral:

1 USED 1,250 GALLON DELAVAL BULK TANK, 1 7½HP VACUUM PUMP, 1 5HP VACUUM PUMP, DOUBLE 9 PARALLEL PARLOR W/ INDEXING & SS BUTT PANS, CROWD GATE, 19 DELEVAL SST 2 AUTOMATIC TAKEOFFS, PLATE COOLER WITH 5 PLATES, CONTROL PANEL AND AUTOMATIC WASHER (CIP), 3" RECEIVER GROUP W/ 80 FT 3"LINE W/ MILK PUMP, 60 GALLON PRE-HEATER, HYDRAULIC PUMP FOR PARLOR GATES, 1 49x23 WASH VAT, 20 SUPER FLOW CLAWS, 1 17"x14" FILLER GROUP, 60 3" STAINLESS FITTINGS AND INLETS, 120 3" PVC PIPE, 20 DELATRON PULSATOR, 20 BAYONET ADAPTORS.

Purchase Money Security Agreement. All milk produced from livestock. All patronage dividend accounts, per unit capital retain accounts, certificates of interest, or other equities which debtor might have in Associated Milk Producers, Inc., or other cooperative, evidenced by certificates or otherwise, whether now held by Associated Milk Producers, Inc., or other cooperative, or hereafter allocated by, paid to or collected by Associated Milk Producers, Inc.

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 9048

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

* An Individual's social security number is not required to be placed on the form in Wisconsin (See Instructions)

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

OR

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

10. MISCELLANEOUS:

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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 * NOT REQUIRED IN WISCONSIN	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:

SECTION 3, TWP 90, RANGE 6
E 1/2 SE EXCEPT NW CORNER
68.70 ACRES

COUNTY OF DELAWARE
STATE OF IOWA

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

FEDERAL LAND BANK/FARM CREDIT SERVICES
909 WEST MAIN
MANCHESTER, IA 52057

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)

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