Recorded: 10/16/2019 at 9:58:45.0 AM
County Recording Fee: $17.00
Iowa E-Filing Fee: $3.00
Combined Fee: $20.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2019 PG: 2875

[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Susanne M. Hankey

B. E-MAIL CONTACT AT FILER (optional)
susanne.hankey@usda.gov

C. SEND-ACKNOWLEDGMENT TO: (Name and Address)

Clayton County Farm Service Agency
500 Gunder Road NE - Suite A
Elkader, Iowa 52043-3200

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME: Honey Creek Dairy, L.L.C.					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
1c. MAILING ADDRESS: 1636 400th ST	CITY: Strawberry Point	STATE: IA	POSTAL CODE: 52076	COUNTRY: USA	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME: Venteicher	FIRST PERSONAL NAME: Daniel	ADDITIONAL NAME(S)/INITIAL(S): Richard		SUFFIX	
2c. MAILING ADDRESS: 1636 400th ST	CITY: Strawberry Point	STATE: IA	POSTAL CODE: 52076	COUNTRY: USA	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME: Clayton County Farm Service Agency					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
3c. MAILING ADDRESS: 500 Gunder Road NE - Suite A	CITY: Elkader	STATE: IA	POSTAL CODE: 52043-3200	COUNTRY: USA	

4. COLLATERAL: This financing statement covers the following collateral:

a) 1st lien on 3 new Lely Astronaut 5 Robotic Milking Machines and Vector Feeding System/Pusher.
b) All proceeds, products, replacements, substitutions, additions, accessions and security acquired hereafter

DISPOSITION OF SUCH COLLATERAL IS NOT HEREBY AUTHORIZED

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME
Honey Creek Dairy, L.L.C.

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME
Venteicher

INDIVIDUAL'S FIRST PERSONAL NAME
Donald

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)
Paul

SUFFIX

10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
37058 Littleport RD	**Edgewood**	**IA**	**52042**	**USA**

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

This is a fixture filing specifically covering 3 new Lely Astronaut 5 Robotic Milking Machines and Vector Feeding System/Pusher, located on the real estate specifically described in Item 16 herein.

13. ☑ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:
☐ covers timber to be cut ☐ covers as-extracted collateral ☑ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

Norma Jean Venteicher
202 North Chestnut Street
Edgewood, IA 52042

16. Description of real estate:

The Northwest fractional One Quarter (NWfr 1/4) of Section Six (6), Township Ninety (90) North, Range Five (5), West of the 5th P.M.

17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME
Honey Creek Dairy, L.L.C.

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME
Venteicher

INDIVIDUAL'S FIRST PERSONAL NAME
Jamie

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX
Lynn

10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1636 400th ST	**Strawberry Point**	**IA**	**52076**	**USA**

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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17. MISCELLANEOUS: