



Document 2019 3097

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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

### UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>KELLY CAIN, CED, FARM SERVICE AGENCY 515-462-4884</b>
B. E-MAIL CONTACT AT FILER (optional)
C. SEND-ACKNOWLEDGMENT TO: (Name and Address) <b>COMMODITY CREDIT CORPORATION 815 EAST HIGHWAY 92 WINTERSET, IA 50273-2300</b>

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				
OR	1b. INDIVIDUAL'S SURNAME <b>HOLLINGSWORTH</b>	FIRST PERSONAL NAME <b>PAUL</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>JAY</b>	SUFFIX
1c. MAILING ADDRESS <b>2570 MILLSTREAM DR</b>		CITY <b>WINTERSET</b>	STATE <b>IA</b>	POSTAL CODE <b>50273</b>
			COUNTRY	

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 <b>HOLLINGSWORTH</b>	FIRST PERSONAL NAME <b>CATHERINE</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>KAY</b>	SUFFIX
2c. MAILING ADDRESS <b>2570 MILLSTREAM DR</b>		CITY <b>WINTERSET</b>	STATE <b>IA</b>	POSTAL CODE <b>50273</b>
			COUNTRY	

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 <b>COMMODITY CREDIT CORPORATION</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>815 EAST HIGHWAY 92</b>		CITY <b>WINTERSET</b>	STATE <b>IA</b>	POSTAL CODE <b>50273</b>
			COUNTRY	

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

- A) LGS leg model 24 / 5, 700Bu/hr 110 system, included: Belt / cups/ drive ( less Motor) HD galvanized OSHA ladder system for LGS LEG 110 system, down spouts, 5 spouts**
- B) All proceeds, products, replacement, substitutions, additions, accessions, and security acquired, hereafter.**
- C) Dispositions 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:  
**FSFL Loan 2019/00002**

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

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12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME
OR
12b. INDIVIDUAL'S SURNAME
<b>Hollingsworth</b>
FIRST PERSONAL NAME
<b>Paul</b>
ADDITIONAL NAME(S)/INITIAL(S)
<b>Jay</b>
SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME			
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
			SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

15. This FINANCING STATEMENT AMENDMENT:

covers timber to be cut     covers as-extracted collateral     is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

17. Description of real estate:

**North One Half (1/2) of the Southwest Quarter (1/4) of Section Twenty (20) Township Seventy-five (75) North, Range Twenty-seven (27), West of the 5th pm, Madison County, IA**

18. MISCELLANEOUS:  
**FSFL 2019-00002**