



Document 2020 3141

Book 2020 Page 3141 Type 17 001 Pages 2

Date 8/25/2020 Time 11:23:39AM

Rec Amt \$12.00

INDX  
ANNO  
SCAN  
CHEK

LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

### UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|  |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Kelly Cain<br>515-462-4884   |
| B. E-MAIL CONTACT AT FILER (optional)<br>kelly.cain@usda.gov   |
| C. SEND ACKNOWLEDGEMENT TO: (Name and Address)<br>Commodity Credit Corporation<br>815 East Hwy 92<br>Winterset, IA 50273 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DEBTOR'S NAME: Provide only one Debtor name - use exact, full name; do not omit, modify, or abbreviate any part of the debtor's name

|   |                      |                     |                               |         |
|---|----------------------|---------------------|-------------------------------|---------|
| ORGANIZATION'S NAME<br>Young Family Farms Inc |                      |                     |                               |         |
| OR  | INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |
|   |                      |                     |                               |         |
| MAILING ADDRESS                               | CITY                 | STATE               | POSTAL CODE                   | COUNTRY |
| 15183 20th Ave                                | Saint Charles        | IA                  | 50240                         | USA     |

DEBTOR'S NAME: Provide only one Debtor name - use exact, full name; do not omit, modify, or abbreviate any part of the debtor's name

|                     |                      |                     |                               |         |
|---------------------|----------------------|---------------------|-------------------------------|---------|
| ORGANIZATION'S NAME |                      |                     |                               |         |
| OR                  | INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |
|                     | Young                | Brian               | Lee                           |         |
| MAILING ADDRESS     | CITY                 | STATE               | POSTAL CODE                   | COUNTRY |
| 15183 20th Ave      | Saint Charles        | IA                  | 50240                         | USA     |

DEBTOR'S NAME: Provide only one Debtor name - use exact, full name; do not omit, modify, or abbreviate any part of the debtor's name

|                     |                      |                     |                               |         |
|---------------------|----------------------|---------------------|-------------------------------|---------|
| ORGANIZATION'S NAME |                      |                     |                               |         |
| OR                  | INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |
|                     | Young                | Chasity             | Ann                           |         |
| MAILING ADDRESS     | CITY                 | STATE               | POSTAL CODE                   | COUNTRY |
| 15183 20th Ave      | Saint Charles        | IA                  | 50240                         | USA     |

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

|   |                      |                     |                               |         |
|---|----------------------|---------------------|-------------------------------|---------|
| ORGANIZATION'S NAME<br>Commodity Credit Corporation |                      |                     |                               |         |
| OR  | INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |
|   |                      |                     |                               |         |
| MAILING ADDRESS                                     | CITY                 | STATE               | POSTAL CODE                   | COUNTRY |
| 815 East Highway 92                                 | Winterset            | IA                  | 50273-2300                    | USA     |

COLLATERAL: This financing statement covers the following collateral:

A) New Sukup Grain Bin 36 foot, 6 ring, ladder, stairs, roof vents, concrete, auger, floor and supports, unload, motor pulley, transition fan, electrical and misc. hardware B) all proceeds, products, replacements, substitutions. additions. accessions, and security acquired hereafter. C) Disposition of such collateral is not hereby authorized

Check only if applicable and check only one box. Collateral is:  held in a Trust  being administered by a Decedent's Personal Representative

|  |  |
|--|--|
| Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |
|--|--|

ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licenser

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 |                               |
|                         |                               |
| OR                      | 9b. INDIVIDUAL'S SURNAME      |
|                         | <b>Young</b>                  |
|                         | FIRST PERSONAL NAME           |
|                         | <b>Chasity</b>                |
|                         | ADDITIONAL NAME(S)/INITIAL(S) |
|                         | <b>Ann</b>                    |
|                         | 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                  |       |             |         |
|                          |  |       |             |         |
|                          | INDIVIDUAL'S FIRST PERSONAL NAME           |       |             |         |
|                          |  |       |             |         |
|                          | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |       |             | SUFFIX  |
|                          |  |       |             |         |
| 10c. MAILING ADDRESS     | CITY                                       | STATE | POSTAL CODE | COUNTRY |
|                          |  |       |             |         |

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

|                                     |                           |       |                     |                               |
|-------------------------------------|---------------------------|-------|---------------------|-------------------------------|
| 11a. ORGANIZATION'S NAME            |                           |       |                     |                               |
| <b>Commodity Credit Corporation</b> |                           |       |                     |                               |
| 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):

|   |  |
|---|--|
| 13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)   | 14. This FINANCING STATEMENT:<br><input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> 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):<br><br><b>Larry G Young Revocable Trust<br/>Sherry M Young Revocable Trust<br/>2552 Walnut Trail<br/>Saint Charles, IA 50240<br/>Brian L Young<br/>Chasity A Young<br/>15183 20th Ave<br/>Saint Charles, IA 50240</b> | 16. Description of real estate:<br><br><b>The Southwest Quarter (1/4) of Section Eleven (11),<br/>Township Seventy-five (75) North, Range Twenty-seven<br/>(27) West of the 5th P.M., Madison County, Iowa</b> |

17. MISCELLANEOUS: