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CC FINANCING STATEMENT OLLOW INSTRUCTIONS		LISA SMITH,	COUNT	Y RECORDER	S(CH		
A. NAME & PHONE OF CONTACT AT FILER (optional)		MADISON COUNTY IOWA					
. E-MAIL CONTACT AT FILER (optional)							
. SEND ACKNOWLEDGMENT TO: (Name and Address)							
1 LUANA SAVINGS BANK 16390 HOLCOMB COURT CLIVE, IA 50325	'						
L							
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (name will not fit in line 1b, leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME			the Debtor		dividual Debtor		
WHEELER STOCK FARMS, LLC 1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME ADDITIONAL NAME(S)/INITIAL(S) SU		SUFFIX			
					- COUNTRY		
MAILING ADDRESS 346 ELMWOOD AVE	LORIMOR		STATE	FOSTAL CODE	USA		
2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE			
MAILING ADDRESS	CITY		SIAIE	POSTAL CODE	USA		
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE OF ASSIGNEE)	SIGNOR SECURED PARTY): Pro	vide only <u>one</u> Secured Party nam	e (3a or 3t))			
LUANA SAVINGS BANK							
(FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
LUANA SAVINGS BANK	FIRST PERSONA CITY CLIVE	AL NAME	ADDITIO STATE	NAL NAME(S)/INITIAL(S) POSTAL CODE 50325	SUFFIX COUNTRY USA		

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS								
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing because Individual Debtor name did not fit, check here								
9a. ORGANIZATION'S NAME		-						
WHEELER STOCK FARMS, LLC		1						
		1						
OR 9b. INDIVIDUAL'S SURNAME								
FIRST PERSONAL MANAGEMENT								
FIRST PERSONAL NAME								
ADDITIONAL NAME(S)INITIAL(S)	SUFFIX							
10 DEPTOP'S NAME: Decide (100 or 10b) only one additional 5	Pahtas name as Dahtas name that did not f	THE ABOVE SPA						
 DEBTOR'S NAME: Provide (10a or 10b) only one additional E do not omit, modify, or abbreviate any part of the Debtor's name) a 		tilline ib or 20 of the Fillan	cing Statement	(Form OCCT) (use	exact, full flame,			
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	ST	ATE POSTAL	CODE	COUNTRY			
11. ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECURED PART	Y'S NAME: Provide only	one name (11a c	or 11b)				
11a. ORGANIZATION'S NAME								
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AD	DITIONAL NAM	E(S)/INITIAL(S)	SUFFIX			
11c. MAILING ADDRESS	CITY	ST	ATE POSTAL	CODE	COUNTRY			
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):								
 X This FINANCING STATEMENT is to be filed [for record] (or rec REAL ESTATE RECORDS (if applicable) 				▽	E. t Ell			
15. Name and address of a RECORD OWNER of real estate described	in item 16 16, Description of real est		acted collateral	X is filed as a	i fixture thing			
(if Debtor does not have a record interest):	2400HD HOG FAC	ILITY WITH BULK BI						
		MISC HOG FACILITIES LOCATED ON ELMWOOD AVE., LORIMOR IA 5014 AND 2490HD HOG FACILITY WITH BULK BINS, FEED SYSTEM, WATERS ANI						
		ALL MISC HOG FACILITIES LOCATED ON 338TH STREET LORIMOR IA 50149						
		Parcel "C" located in the Northwest Quarter (1/4) Of the Northwest Quarter (1/4) Of Section						
		Thirty-five (35), Township Seventy-Four (74) North. Range Twenty-nine (29) West of the 5th P.M., Madison County, Iowa, containing 3.50 acres, a shown in Plat of Survey tiled in Book						
	2007,Page2528 on	June 21,2007, in the O						
	lowa.	ed in the Northwest Qu	(1/A) of #	ha Sauthaast Ous	(1/4) of			
	Section Thirty-five (35), Township Sevent	ty-four (74) i	North, Range T	wenty-nine			
	(29) West of the 5th P.M	Madison County, Iowa. C	ontaining 11	.247 acres. as sho	wn			
	in Plat Of Survey filed the Recorder Of Madi:	in Book 2005, Page 3854 on son County, Jowa	August 12,	2005,in the Off	ice of			
17. MISCELLANEOUS:	- HIE NELDILLEI VI MIAUI	THE PERSON NAMED IN COLUMN						