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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

CHEK

### UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>515-462-4884</b>
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <b>COMMODITY CREDIT CORPORATION 815 E HWY 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 <b>BENSHOOF FARMS PARTNERSHIP</b>					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS <b>1931 QUAIL RIDGE AVE</b>		CITY <b>WINTERSET</b>	STATE <b>IA</b>	POSTAL CODE <b>50273</b>	COUNTRY <b>USA</b>

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	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 E HWY 92</b>		CITY <b>WINTERSET</b>	STATE <b>IA</b>	POSTAL CODE <b>50273</b>	COUNTRY <b>USA</b>

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

**A) 2017 SD 500 VQ Superb Grain Dryer, 3 phase LP gas 440-volt (Internal VAP) Quantum moisture control, stainless steel, Ind. 36" legs installed. 1 DMC Model 1700 Air system, 40 hp 3 phase Motor, control box, air lock, silencer, 5" air pipes, mounting brackets, Selector valve. 8" x 27' auger with 7 1/2 hp 3-phase motor - spout, auger to fill dryer.**

**B) all proceeds, products, replacements, substitutions, additions, accessions, and security acquired hereafter.**

**C) 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/Licenser

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 <b>BENSHOOF FARMS PARTNERSHIP</b>	
OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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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				
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.  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):

**BENSHOOF FAMILY FARMS, LLC  
 1931 QUAIL RIDGE AVE  
 WINTERSSET, IA 50273**

16. Description of real estate:

**The West Half (W 1/2) of the Northeast Quarter (NE 1/4) and the Northwest Quarter (NW 1/4) of the Northwest Quarter (NW 1/4) of the Southeast Quarter (SE 1/4) and the Northeast Quarter (NE 1/4) of the Southwest Quarter (SW 1/4) of Section Thirty-Four (34); all in Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa.**

17. MISCELLANEOUS:

# UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. 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

18a. ORGANIZATION'S NAME <b>BENSHOOF FARMS PARTNERSHIP</b>	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME <b>BENSHOOF</b>	FIRST PERSONAL NAME <b>TED</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>ARTHUR</b>	SUFFIX
19c. MAILING ADDRESS <b>1931 QUAIL RIDGE AVE</b>	CITY <b>WINTERSET</b>	STATE <b>IA</b>	POSTAL CODE <b>50273</b>
		COUNTRY <b>USA</b>	

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME			
OR			
20b. INDIVIDUAL'S SURNAME <b>HOWELL</b>	FIRST PERSONAL NAME <b>CHERYL</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>JEAN</b>	SUFFIX
20c. MAILING ADDRESS <b>307 W NORTH ST</b>	CITY <b>WINTERSET</b>	STATE <b>IA</b>	POSTAL CODE <b>50273</b>
		COUNTRY <b>USA</b>	

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME			
OR			
21b. INDIVIDUAL'S SURNAME <b>HOWELL</b>	FIRST PERSONAL NAME <b>RONALD</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>EUGENE</b>	SUFFIX
21c. MAILING ADDRESS <b>307 W NORTH ST</b>	CITY <b>WINTERSET</b>	STATE <b>IA</b>	POSTAL CODE <b>50273</b>
		COUNTRY <b>USA</b>	

22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME <b>BENSHOOF</b>	FIRST PERSONAL NAME <b>TED</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>ALAN</b>	SUFFIX
22c. MAILING ADDRESS <b>2701 STATE HIGHWAY 92</b>	CITY <b>WINTERSET</b>	STATE <b>IA</b>	POSTAL CODE <b>50273</b>
		COUNTRY <b>USA</b>	

23.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME <b>BENSHOOF</b>	FIRST PERSONAL NAME <b>KRISTINA</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>LYNN</b>	SUFFIX
23c. MAILING ADDRESS <b>2701 STATE HIGHWAY 92</b>	CITY <b>WINTERSET</b>	STATE <b>IA</b>	POSTAL CODE <b>50273</b>
		COUNTRY	

24. MISCELLANEOUS:

# UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. 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

18a. ORGANIZATION'S NAME <b>BENSHOOF FARMS PARTNERSHIP</b>	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME <b>BENSHOOF</b>	FIRST PERSONAL NAME <b>STEVEN</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>ARTHUR</b>	SUFFIX
19c. MAILING ADDRESS <b>2749 STATE HIGHWAY 92</b>	CITY <b>WINTERSET</b>	STATE <b>IA</b>	POSTAL CODE <b>50273</b>
			COUNTRY <b>USA</b>

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME			
OR			
20b. INDIVIDUAL'S SURNAME <b>BENSHOOF</b>	FIRST PERSONAL NAME <b>ANGELA</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>SUE</b>	SUFFIX
20c. MAILING ADDRESS <b>2749 STATE HIGHWAY 92</b>	CITY <b>WINTERSET</b>	STATE <b>IA</b>	POSTAL CODE <b>50273</b>
			COUNTRY <b>USA</b>

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME			
OR			
21b. INDIVIDUAL'S SURNAME <b>BENSHOOF</b>	FIRST PERSONAL NAME <b>ROBERT</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>HOWARD</b>	SUFFIX
21c. MAILING ADDRESS <b>2761 STATE HIGHWAY 92</b>	CITY <b>WINTERSET</b>	STATE <b>IA</b>	POSTAL CODE <b>50273</b>
			COUNTRY <b>USA</b>

22.  ADDITIONAL SECURED PARTY'S NAME *or*  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME <b>BENSHOOF</b>	FIRST PERSONAL NAME <b>KELLI</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>LOUISE</b>	SUFFIX
22c. MAILING ADDRESS <b>2761 STATE HIGHWAY 92</b>	CITY <b>WINTERSET</b>	STATE <b>IA</b>	POSTAL CODE <b>50273</b>
			COUNTRY <b>USA</b>

23.  ADDITIONAL SECURED PARTY'S NAME *or*  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
			COUNTRY

24. MISCELLANEOUS: