

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS



Document 2024 2268

Book 2024 Page 2268 Type 17 001 Pages 4
Date 9/17/2024 Time 10:25:56AM
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A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Emily Kaldenberg 515-462-4884
B. E-MAIL CONTACT AT SUBMITTER (optional)
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) Commodity Credit Corporation 815 East Highway 92 Winterset, IA 50273

BRANDY MACUMBER, COUNTY RECORDER
MADISON COUNTY IOWA

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 Benshoof Farms Partnership				
OR				
INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
MAILING ADDRESS 1931 Quail Ridge Ave	CITY Winterset	STATE IA	POSTAL CODE 50273	COUNTRY USA

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

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

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.

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: <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: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
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ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

OPTIONAL FILER REFERENCE DATA

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<input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)	This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing
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Name and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest):	Description of real estate:
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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 Benshoof Farms Partnership	
OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

Reset

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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 Benshoof Farms Partnership	
OR	
10b. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10c. MAILING ADDRESS 1931 Quail Ridge Ave	CITY Winterset	STATE IA	POSTAL CODE 50273	COUNTRY
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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.
Winterset, 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 Northeast Quarter(NE 1/4) of the Southwest Quarter (SW 1/4) of section Thirty-Four (34); all in Township Seventy-six (76), 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 BENSHOOF FARMS PARTNERSHIP	
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 BENSHOOF	FIRST PERSONAL NAME TED	ADDITIONAL NAME(S)/INITIAL(S) ARTHUR	SUFFIX
19c. MAILING ADDRESS 1931 QUAIL RIDGE AVE	CITY WINTERSET	STATE IA	POSTAL CODE 50273
			COUNTRY USA

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 HOWELL	FIRST PERSONAL NAME CHERYL	ADDITIONAL NAME(S)/INITIAL(S) JEAN	SUFFIX
20c. MAILING ADDRESS 307 W NORTH ST	CITY WINTERSET	STATE IA	POSTAL CODE 50273
			COUNTRY USA

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 HOWELL	FIRST PERSONAL NAME RONALD	ADDITIONAL NAME(S)/INITIAL(S) EUGENE	SUFFIX
21c. MAILING ADDRESS 307 W NORTH ST	CITY WINTERSET	STATE IA	POSTAL CODE 50273
			COUNTRY USA

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 BENSHOOF	FIRST PERSONAL NAME TED	ADDITIONAL NAME(S)/INITIAL(S) ALAN	SUFFIX
22c. MAILING ADDRESS 2701 STATE HIGHWAY 92	CITY WINTERSET	STATE IA	POSTAL CODE 50273
			COUNTRY USA

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 BENSHOOF	FIRST PERSONAL NAME KRISTINA	ADDITIONAL NAME(S)/INITIAL(S) LYNN	SUFFIX
23c. MAILING ADDRESS 2701 STATE HIGHWAY 92	CITY WINTERSET	STATE IA	POSTAL CODE 50273
			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 BENSHOOF FARMS PARTNERSHIP	
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 BENSHOOF	FIRST PERSONAL NAME STEVEN	ADDITIONAL NAME(S)/INITIAL(S) ARTHUR	SUFFIX
19c. MAILING ADDRESS 2749 STATE HIGHWAY 92	CITY WINTERSET	STATE IA	POSTAL CODE 50273
		COUNTRY USA	

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 BENSHOOF	FIRST PERSONAL NAME ANGELA	ADDITIONAL NAME(S)/INITIAL(S) SUE	SUFFIX
20c. MAILING ADDRESS 2749 STATE HIGHWAY 92	CITY WINTERSET	STATE IA	POSTAL CODE 50273
		COUNTRY USA	

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 BENSHOOF	FIRST PERSONAL NAME ROBERT	ADDITIONAL NAME(S)/INITIAL(S) HOWARD	SUFFIX
21c. MAILING ADDRESS 2761 STATE HIGHWAY 92	CITY WINTERSET	STATE IA	POSTAL CODE 50273
		COUNTRY USA	

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 BENSHOOF	FIRST PERSONAL NAME KELLI	ADDITIONAL NAME(S)/INITIAL(S) LOUISE	SUFFIX
22c. MAILING ADDRESS 2761 STATE HIGHWAY 92	CITY WINTERSET	STATE IA	POSTAL CODE 50273
		COUNTRY USA	

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: