

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS



Document 2024 2875

Book 2024 Page 2875 Type 17 001 Pages 4  
Date 11/26/2024 Time 1:29:28PM  
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INDX ✓  
ANNO ✓  
SCAN ✓  
CHEK

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

Book 2022 Page 3705

<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
Name and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest):	Description of real estate:

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 <b>Benshoof Farms Partnership</b>	
OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	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 <b>Benshoof Farms Partnership</b>				
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):

<p>13. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)</p> <p>15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):</p> <p><b>Benshoof Family Farms, LLC</b> 1931 Quail Ridge Ave. Winterset, IA 50273</p>	<p>14. This FINANCING STATEMENT:</p> <p><input type="checkbox"/> covers timber to be cut    <input type="checkbox"/> covers as-extracted collateral    <input type="checkbox"/> is filed as a fixture filing</p> <p>16. Description of real estate: <b>the West Half of the Northeast Quarter except Parcel "G" located in the Southwest Quarter (1/4) of the Southeast Quarter (1/4) of Section Twenty-seven (27), and in the Northwest Quarter (1/4) of the Northeast Quarter (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, containing 3.59 acres more or less, as shown in Amended Plat of Survey filed in Book 2018, Page 3485 on October 29, 2018, in the Office of the Recorder of Madison County, Iowa,</b></p>
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17. MISCELLANEOUS: **Correction from previous filed addendum Book 2022 Pg 3705 and Book 2024 Pg 2268**

# 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>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 <b>USA</b>	

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: