ICC FINANCING STATEMENT OLLOW INSTRUCTIONS (front_back) CAR A. NAME & PHONE OF CONTACT AT FILER (opti	EFULLY	REC \$	1000	FILED NO 300K <b>2003</b> P.	1040 ACC 7046
SEND ACKNOWLEDGMENT TO: (Name and A	Address)	AUU \$ R.M.F.	\$ 100	ovunr	401
Commodity Credit Co Madison County Farm 815 East Highway 92 Winterset, Iowa 502	Service Agency	C R	OMPUTER CONDED OMPARED SPACE IS FOR FILIN	MADISCH COL	SLER JER STYJOWA
DEBTOR'S EXACT FULL LEGAL NAME	insert only one debtor name (1a				
1a. ORGANIZATION'S NAME					
DR 16. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX
% Robert F Baur 1484	McBride Road	Van Meter	STATE POSTA	L CODE 61-8564	USA
Id. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIO	NAL ID #, if any	□ NO
. ADDITIONAL DEBTOR'S EXACT FULL L 2a. ORGANIZATION'S NAME	EGAL NAME - insert only <u>one</u> o	debtor name (2a or 2b) - do not abbreviate or combi	ne names		
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX
LC. MAILING ADDRESS		СІТУ	STATE POSTA	L CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATION ID #, if any		
	OTAL ASSIGNEE of ASSIGNOR S	S/P) - insert only one secured party name (3a or 3b)			
3a. ORGANIZATION'S NAME Commodity Credit Co	rnoration				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX
3c. MAILING ADDRESS		cmy Winterset	STATE POSTA	L CODE	COUNTRY
heating unit, and	eel grain bin w l 8 inch diamete oducts, replacem	with perforated floor, er unloading auger. ments, substitutions, a	grain spread	er, 20 H.P	
B - All proceeds, pro security acquired DISPOSITION OF SUCH O		OT HEREBY AUTHORIZED			
security acquired	COLLATERAL IS NO	OT HEREBY AUTHORIZED  ONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER	A G. LIEN	NON-UCC FI

UCC FINANCIN		NT ADDENDUM		I		
		RELATED FINANCING STA	TEMENT			
9a. ORGANIZATION'S						
OR Baur	Farms Inc	FIRST NAME	NIBOLE WAYS OVERNA			
90. INDIVIDUAL 3 DAS	INAME	FIRST NAME	MIDDLE NAME, SUFFIX			
10. MISCELLANEOUS:		- L		1		
				·		
				ł		
				Ì		
•					ACE IS FOR FILING	OFFICE USE ONLY
		LEGAL NAME - insert only one	name (11a or 11 b) - do not abbreviate or	combine names		
11a. ORGANIZATION'S	NAME					
OR 11b. INDIVIDUAL'S LA	ST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
						55.1.11
11c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
					<u></u>	
11d.TAXID#: SSN OR EIN   ADD'L INFO RE   11e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR		11f. JURISDICTION OF ORGANIZATIO	N  11g. ORG	11g. ORGANIZATIONAL ID#, if any		
12. ADDITIONAL SEC	URED PARTY'S or	ASSIGNOR S/P'S NA		(b)		NONE
12a. ORGANIZATION'S			INC- Insert only one name (12a of 12			
0.00						
OR 12b. INDIVIDUAL'S LAS	ST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
10 111111111111111111111111111111111111					T	
12c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATE	MENT covers timb	er to be cut or as-extracted	16. Additional collateral description:		<u> </u>	, <b>!</b>
collateral, or is filed as a		_	·			
14. Description of real estate SW1/SW1/ exce	ent 4 acres	in Northwest	This is a fixtur	re filing s	specifically	y covering
SW4SW4 except 4 acres in Northwest corner of Section 26, Twp 77N, R27W			a grain bin and	equipment	located on	the real
Madison Cou			estate specific	ally descr	ibed at Ite	m 14 herein.
15. Name and address of a R (if Debtor does not have a		ve-described real estate				
(ii Debtor does hot have a	record interesty.					
			A7. Ob a 1 a 2 b 3 c 2 c 2 c 2 c 2 c 2 c 2 c 2 c 2 c 2 c			
			17. Check only if applicable and check on Debtor is a Trust or Trustee a			7 Paradanta 5-1-1-
			18. Check only if applicable and check on		opercy need in trust of 1	Decedent's Estate
			Debtor is a TRANSMITTING UTILIT			
			Filed in connection with a Manufactu		- effective 30 years	
			Filed in connection with a Bublic Fig.	ance Transaction -==-	otivo 20 voces	

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)