

Document 2005 3516

Book 2005 Page 3516 Type 17 001 Pages 2

Date 7/27/2005 Time 8:19 AM

Rec Amt \$12.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Commodity Credit Corporation  
705 NE 6th Street  
Greenfield, Iowa 50849

MICHELLE "MICKI" UTSLER, COUNTY RECORDER  
MADISON IOWA

COMPUTER    
RECORDED    
COMPARED

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME Brownlee	FIRST NAME Daniel	MIDDLE NAME Ray	SUFFIX
--	----------------------	--------------------	--------

1c. MAILING ADDRESS 1576 Macksburg Road	CITY Macksburg	STATE IA	POSTAL CODE 50155	COUNTRY
--	-------------------	-------------	----------------------	---------

1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	<input type="checkbox"/> NONE
--------------------------	-----------------------------------	--------------------------	----------------------------------	---------------------------------	-------------------------------

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME Brownlee	FIRST NAME Megan	MIDDLE NAME Leigh	SUFFIX
--	---------------------	----------------------	--------

2c. MAILING ADDRESS 1576 Macksburg Road	CITY Macksburg	STATE IA	POSTAL CODE 50155	COUNTRY
--	-------------------	-------------	----------------------	---------

2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATION ID #, if any	<input type="checkbox"/> NONE
--------------------------	-----------------------------------	--------------------------	----------------------------------	-------------------------------	-------------------------------

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME  
Commodity Credit Corporation

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
----------------------------	------------	-------------	--------

3c. MAILING ADDRESS 705 NE 6th Street	CITY Greenfield	STATE IA	POSTAL CODE 50849	COUNTRY
--	--------------------	-------------	----------------------	---------

4. This FINANCING STATEMENT covers the following collateral:

To purchase and construct a) 36' Sukup storage bin, ladders, stairs, platform, roof vents, floor supports and concrete. b) all proceeds, products, replacements, substitutions, additions, accessions and security acquired hereafter. Disposition of such collateral is not hereby authorized.

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/ALESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	A G. LIEN	NON-UCC FILING
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) [optional]		All Debtors	Debtor 1	Debtor 2	

8. OPTIONAL FILER REFERENCE DATA

*E. J. Adams*  
705 NE 6th Street  
Greenfield, Ia 50849

# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front back) CAREFULLY

## 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME

Brownlee

FIRST NAME

Daniel

MIDDLE NAME, SUFFIX

Ray

## 10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

## 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11 b). do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11d. TAXID#: SSN OR EIN

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID#, if any

NONE

## 12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME- insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

13. This FINANCING STATEMENT covers  timber to be cut or  as-extracted collateral, or is filed as a  fixture filing.

### 14. Description of real estate:

The East Quarter of the Northeast Quarter of the Northwest Quarter of the Northeast Quarter (E1/4NE1/4NW1/4NE1/4) and the Northwest Quarter of the Northeast Quarter of the Northeast Quarter (NW1/4NE1/4NE1/4) of Section Thirteen (13), Township Seventy-four (74) North, Range Twenty-nine (29) West of the 5th P.M., Madison County Iowa

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

### 16. Additional collateral description:

This is fixture filing specifically covering a grain bin and equipment located on the real estate specifically described at Item 14 herein.

17. Check only if applicable and check only one box.

Debtor is a  Trust or  Trustee acting with respect to property held in trust or  Decedent's Estate

18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction - effective 30 years

Filed in connection with a Public-Finance Transaction - effective 30 years