

Document 2005 3517

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## 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<br>705 NE 6th Street<br>Greenfield, Iowa 50849 |  |

MICHELLE "MICKI" UTSLER, COUNTY RECORDER  
MADISON IOWA

|          |                                     |
|----------|-------------------------------------|
| COMPUTER | <input checked="" type="checkbox"/> |
| RECORDED | <input checked="" type="checkbox"/> |
| COMPARED | <input type="checkbox"/>            |

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 |                                   | FIRST NAME               | MIDDLE NAME                      | SUFFIX                          |
|                          | Brownlee                   |                                   | Ronald                   | Clyde                            |                                 |
| 1c. MAILING ADDRESS      |                            |                                   | CITY                     | STATE                            | POSTAL CODE                     |
| 3153 300th Street        |                            |                                   | Orient                   | IA                               | 50858                           |
| 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 |                                   | FIRST NAME               | MIDDLE NAME                      | SUFFIX                        |
|                          | Brownlee                   |                                   | Glenda                   | Faye                             |                               |
| 2c. MAILING ADDRESS      |                            |                                   | CITY                     | STATE                            | POSTAL CODE                   |
| 3153 300th Street        |                            |                                   | Orient                   | IA                               | 50858                         |
| 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          |                            |  | CITY       | STATE       | POSTAL CODE |
| 705 NE 6th Street            |                            |  | Greenfield | IA          | 50849       |

4. This FINANCING STATEMENT covers the following collateral:

To a) purchase and construct a Shivvers Counterflow Drying System, augers, motors, accessories 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/LESSOR   | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR | SELLER/BUYER | A.G. LIEN | NON-UCC FILING |
| 6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] | 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. R. L. Adams, Clerk of the Office  
705 NE 6th, 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

Ronald

MIDDLE NAME, SUFFIX

Clyde

### 10. MISCELLANEOUS:

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### 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):

Daniel Ray Brownlee  
Megan Leigh Brownlee

### 16. Additional collateral description:

This is a fixture filing sepcifically covering a grain drying system 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