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		Book 2006 Page 4290 Type 17 001 Pages Date 10/18/2006 Time 2:32 PM Rec Amt \$12.00					
C FINANCING STATEMENT							
LOW INSTRUCTIONS (front_back) CARE			MICHELLE LITSLE	D COI	INTV DECODDE	D	
NAME & PHONE OF CONTACT AT FILER [option	nai)	MICHELLE UTSLER, COUNTY RECORDER MADISON 10WA					
SEND ACKNOWLEDGMENT TO: (Name and Ad	idress)	,					
	*		•		COMPUT		
Commoditus Candit Carre					RECORD		
Commodity Credit Corpo Madison County Farms 8 815 East Highway 92 Winterset, Iowa 50273	Service Agency				COMPARI	ED	
1	•						
	· ·		THE ABOVE SPA	ACE IS FO	R FILING OFFICE US	E ONLY	
DEBTOR'S EXACT FULL LEGAL NAME - in	nsert only <u>one</u> debtor name (1a or 1	lb) - do not abbrevi	ate or combine names				
Baur Farms Inc							
16. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
1484 McBride Road	٠	Van Meter		IA	50261-8564		
TAX ID #: SSN OR EIN ADD'L INFO RE 1 ORGANIZATION DEBTOR	e. TYPE OF ORGANIZATION	1f. JURISDICTIO	ON OF ORGANIZATION	1g. ORGA	ANIZATIONAL ID #, if any		
DDITIONAL DEBTOR'S EXACT FULL LE	GAL NAME - insert only <u>one</u> deb	tor name (2a or 2b)	- do not abbreviate or combine na	mes			
2a. ORGANIZATION'S NAME	•						
	4 41.	. 	·				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
MAILING ADDRESS		CITY		STATE POSTAL CODE		COUNTRY	
MAILING ADDRESS	-	CIT		STATE	POSTAL CODE	COUNTRY	
TAX ID #: SSN OR EIN ADD'L INFO RE 2 ORGANIZATION DEBTOR	e. TYPE OF ORGANIZATION	2f, JURISDICTIO	ON OF ORGANIZATION	2g. ORG/	ANIZATION ID #, if any	···	
SECURED PARTY'S NAME (or NAME of TOTA	AL ASSIGNEE of ASSIGNOR S/P)	- insert only <u>one</u> s	ecured party name (3a or 3b)				
3a. ORGANIZATION'S NAME							
Commodity Credit Corpo	ration	EIDST MAME		MIDDLE NAME		SUFFIX	
30. INDIVIDUAL S EAST NAME		FIRST NAME		IMIODLE NAME		SOFFIX	
1 MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
815 East Highway 92		Winterset		IA	50273-2300		
This FINANCING STATEMENT covers the following	6 RINGS HIGH SUKU				LOADING SYSTE	EM.	
(A) - A 36 FOOT DIAMETER, CENTRIFUNGAL FAN, SE (B) - ALL PROCEEDS, PRODUC ACQUIRED HEREAFTER.	•	SUBSTITUT	IONS, ADDITIONS,	ACCESS	IONS AND SECU	JKIII	
CENTRIFUNGAL FAN, SE	CTS REPLACEMENTS,			ACCESS	IONS AND SECU		
CENTRIFUNGAL FAN, SE (B) - ALL PROCEEDS, PRODUC ACQUIRED HEREAFTER.	CTS REPLACEMENTS,			ACCESS	IONS AND SEC		
CENTRIFUNGAL FAN, SE (B) - ALL PROCEEDS, PRODUC ACQUIRED HEREAFTER.	CTS REPLACEMENTS,			ACCESS	IONS AND SEC		
CENTRIFUNGAL FAN, SE (B) - ALL PROCEEDS, PRODUC ACQUIRED HEREAFTER.	CTS REPLACEMENTS,			ACCESS	IONS AND SEC		
CENTRIFUNGAL FAN, SE (B) - ALL PROCEEDS, PRODUC ACQUIRED HEREAFTER. DISPOSTION OF SUCH COLLAT	CTS REPLACEMENTS,	BY AUTHORI	ZED .	· •	· •		
CENTRIFUNGAL FAN, SE (B) - ALL PROCEEDS, PRODUCE ACQUIRED HEREAFTER. DISPOSTION OF SUCH COLLATE ALTERNATIVE DESIGNATION [if applicable]:	CTS REPLACEMENTS, FERAL IS NOT HEREE LESSEE/LESSOR CONSI	BY AUTHORI GNEE/CONSIGNO 7. Check to Ri	ZED . R BAILEE/BAILOR EQUEST SEARCH REPORT(S) o	SELLER	BUYER A G. LIEN	NON-UCC F	
CENTRIFUNGAL FAN, SE (B) - ALL PROCEEDS, PRODUCE ACQUIRED HEREAFTER. DISPOSTION OF SUCH COLLATE ALTERNATIVE DESIGNATION [if applicable]: This FINANCING STATEMENT is to filed [for estate records. Attach Addendum	CTS REPLACEMENTS, FERAL IS NOT HEREE LESSEE/LESSOR CONSI	BY AUTHORI GNEE/CONSIGNO 7. Check to RE	ZED . R BAILEE/BAILOR EQUEST SEARCH REPORT(S) o	SELLER	· •		
CENTRIFUNGAL FAN, SE (B) - ALL PROCEEDS, PRODUCE ACQUIRED HEREAFTER. DISPOSTION OF SUCH COLLATE ALTERNATIVE DESIGNATION [if applicable]: [] This FINANCING STATEMENT is to filed [for	CTS REPLACEMENTS, FERAL IS NOT HEREE LESSEE/LESSOR CONSI	BY AUTHORI GNEE/CONSIGNO 7. Check to Ri	ZED . R BAILEE/BAILOR EQUEST SEARCH REPORT(S) o	SELLER	BUYER A G. LIEN	NON-UCC F	

NAME OF FIRST DEBTOR (1a or	Ib) ON RELATED FINANCIN	G STATEMENT				
9a. ORGANIZATION'S NAME Baur Farms Inc						
95. INDIVIDUAL'S LAST NAME	MIDDLE NAME, S	HEERY				
	FIRST NAME	MODEL HAME,	0.71%			
MISCELLANEOUS:						
		•				
	*					
			т	HE ABOVE SPA	ACE IS FOR FILING	OFFICE USE ONLY
ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert	only <u>one</u> name (11a or 11 b). do no	t abbreviate or comb	oine names		
11a. ORGANIZATION'S NAME		-				
11b, INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
TID. INDIVIDUALS DAST NAME		1		MINDSEE TOURIE		33712
MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
· · · · · · · · · · · · · · · · · · ·						
TAXID#: SSN OR EIN ADD'L INFO : ORGANIZAT	RE 116. TYPE OF ORGANIZAT ION	ION 11f. JURISDICTION OF	ORGANIZATION	11g. ORG	ANIZATIONAL ID#, if a	ny
ADDITIONAL SECURED PARTY	e at ET Application of	10 11415 :	//0 /01		-	
12a. ORGANIZATION'S NAME	P M M ASSIGNOR S/P	'S NAME- insert only one nar	ne (12a or 12b)			
	1					
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
MAILING ADDRESS		CITÝ		STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers	timber to be cut or as-extra	acted 16. Additional collateral	donn'i dina			
collateral, or is filed as a fixture filing.	aniber to be cot of assexu	acted 10. Additional conscensi	rescription.			
Description of real estate:						
SW 1/4 SW 1/4 EXCEPT NORTHWEST CORNER OF S		THIS IS A FIXTURE FILING SPECIFICALLY COVERING A GRAIN BIN AND EQUIPMENT LOCATED ON THE REAL ESTATE				
77N, R27W MADISON COU		I			ED ON THE RE 1 14 HEREIN.	EAL ESTATE
	, 5					
• •						
lame and address of a RECORD OWNER	of above-described real estate					
f Debtor does not have a record interest);						
		17. Check only if applica	ble and check only o	ne box.	•	
	•	Debtor is a Trust or	Trustee acting	with respect to pro	perty held in trust or	Decedent's Estate
		18. Check only if applica	ble and check <u>only</u> o	ine box.		
		Debtor is a TRANSM				
		Filed in connection v	ith a Manufactured- ith a Public-Finance		•	

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