

Document 2007 280

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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

LISA SMITH, COUNTY RECORDER
MADISON IOWA

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	
	THOMPSON	MICHAEL	LYNN		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
1360 290TH STREET		MACKSBURG	IA	50155-8004	
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	
	THOMPSON	TERESA	SUE		
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
1360 290th Street		MACKSBURG	IA	50155-8004	
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	COUNTRY
815 EAST HIGHWAY 92		WINTERSET	IA	50273	

4. This FINANCING STATEMENT covers the following collateral:

- A - To PURCHASE AND CONSTRUCT A 48 FT. DIAMETER, 12 RING HIGH BROCK STEEL BIN. EQUIPMENT INCLUDES A PERFORATED FLOOR, 15 HP FAN, GRAIN SPREADER, POWER SWEEP AND UNLOADING AUGER.
- B - ALL PROCEEDS, PRODUCTS, REPLACEMENTS, SUBSTITUTIONS, ADDITIONS, ACCESSIONS, AND SECURITY ACQUIRED HEREAFTER.
- C - DISPOSTIION OF SUCH COLLATERAL IS NOT HEREBY AUTHORIZED

5. ALTERNATIVE DESIGNATION [if applicable]:	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> A G. LIEN	<input type="checkbox"/> 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 [if applicable]	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional]	<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2		
8. OPTIONAL FILER REFERENCE DATA						

NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)

- FILING OFFICE COPY
- ACKNOWLEDGMENT COPY
- SEARCH REPORT COPY
- DEBTOR COPY
- SECURED PARTY COPY

Return To: Farm Service Agency
815 E. Hwy 92, Winterset, Ia 50273

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 THOMPSON	FIRST NAME MICHAEL	MIDDLE NAME, SUFFIX LYNN
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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
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11c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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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
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12c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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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:
SEE ATTACHED DESCRIPTION:

16. Additional collateral description:

THIS IS A FIXTURE FILING SPECIFICALLY COVERING A 48 FT. DIAMETER, 12 RING HIGH BROCK STEEL BIN. EQUIPMENT INCLUDES A PERFORATED FLOOR, 15 HP FAN, GRAIN SPREADER, POWER SWEEP AND UNLOADING AUGER.

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

MATTHEW CURTIS THOMPSON
2821 AUTUMN LANE
MACKSBURG, IA 50155-8015

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

NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

FILING OFFICE COPY ACKNOWLEDGMENT COPY SEARCH REPORT COPY DEBTOR COPY SECURED PARTY COPY

The Southeast Quarter of the Southwest Quarter (SE1/4 SW1/4) and the Southwest Quarter of the Southwest Quarter (SW1/4 SW1/4) except the South 533 feet thereof and except the West 620 feet of the North 787 feet thereof, of Section Ten (10), Township Seventy-four (74) North, Range Twenty-nine (29) West of the 5th P.M., Madison County, Iowa; and

A tract of real estate described as follows: Commencing at a point 821 feet 8 inches East of the Southwest Corner of Section Ten (10), Township Seventy-four (74) North, Range Twenty-nine (29) West of the 5th P.M., Madison County, Iowa, running thence North 533 feet, thence East parallel with the South line of the Southwest Quarter of the Southwest Quarter (SW1/4 SW1/4) of said Section Ten (10) to the East line thereof, thence South to the Southeast Corner of said 40 acre tract, thence West to the place of beginning, except the South 143 feet of the West 126 feet thereof.
