	Document 2
	Book 2010 Pa Date 3/30/2 Rec Amt \$14.
UCC FINANCING STATEMENT	LISA SMITH,
A. NAME & PHONE OF CONTACT AT FILER [optional]	MADISON COUN
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	

COMMODITY CREDIT CORPORATION

815 EAST HIGHWAY 92 WINTERSET, IA 50273-2300

4. This FINANCING STATEMENT covers the following collateral:

IS AN M-C 320 WITH LUMINUM SCREENS

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COUNTY RECORDER AWOI YT

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THE ABOV				E SPACE IS FOR FILING OFFICE USE ONLY			
1.DEBTOR'S EXACT	FULL LEGAL NAME	-insert only one debtor name (1a or 1b	o) - do not abbreviate or combine names				
1a. ORGANIZATION'S	NAME						
OR 16. INDIVIDUAL'S LAS	R 15, INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	SUFFIX		
BELLAMY		JEFFREY	KEN				
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY	
1841 LIMESTO	NE AVE		WINTERSET	IA	50273-1129		
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any		
	DEBTOR			_		NONE	
2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME BELLAMY 2c. MAILING ADDRESS 1841 LIMESTONE AVE 2d. SEE INSTRUCTIONS [ADD'L INFO RE] 2e. TYPE OF ORGANIZATION		FIRST NAME STEPHANIE CITY WINTERSET 2f. JURISDICTION OF ORGANIZATION	MIDDLE NAME LYNN STATE POSTAL CODE IA 50273-1129 2g. ORGANIZATIONAL ID #, if any		SUFFIX		
20. <u>SEEINSIAGONGA</u>	ORGANIZATION DEBTOR	1	21. TORROBOTOR OF GROANIZATION	29. ONO	ANIZATIONAL ID#, II ally	NONE	
3a. ORGANIZATION'S	NAME TY CREDIT C	TOTALASSIGNEE of ASSIGNOR S/	P) - insert only <u>one</u> secured party name (3a or 3b) FIRST NAME	MIDDLE	NAME	SUFFIX	
3c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY	
215 FAST HIGH	TWAV 92		WINTERSET	TA	50273 2300		

- 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]: LESSEE/LESSOR	CONSIGNEE/CONSIGN	IOR BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) ESTATE RECORDS. Attach Addendum		to REQUEST SEARCH REPO IONAL FEEI	ORT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA					

DISCHARE HEAD AND 10 HP MOTOR, 15 HP AXIAL FANS. A STATIONARY DRYER ADJACENT TO THE BIN

A -AN 80 FOOT 5000 BUSHEL HR LEG & DRAG, 2 - NEW BROCK STEEL GRAIN BINS 48 FOOT DIAMETER & 12 RINGS HIGH AND 2 NEW 36' BROCK STEEL GRAIN BINS, 9 RINGS HIGH, EQUIPMENT INCLUDES: 1 MC MODEL 730 GRAIN DYER, 1 DMC AIR TRANSFER SYSTEM 1200 TWIN DRIVE BLOWER, WITH AIR LOCK, INSIDE LADDER, STAIRS, TRI COR FLOORS WITH PARTHENON SUPPORTS, AERATION TRANSITION, 10 INCH POWER SWEEP WITH HORIZONTAL HEAD AND 10 HP AXIAL FAN , 1 DMC 996 1.5 HP GRAIN SPREADER AND UNLOADING AUGER. 8 INCH POWER SWEEP UNLOAD WITH FIXED ANGLE

UCC FINANCING ST	ATEMENT ADDENDUM					
FOLLOW INSTRUCTIONS (front						
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	IEMENI				
OR						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
BELLAMY	JEFFREY	K				
11. ADDITIONAL DEBTOR'S E. 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S LAST NAME 11c. MAILING ADDRESS	KACT FULL LEGAL NAME - insert only <u>one</u> n	FIRST NAME	ate or combine names	PACE I	S FOR FILING OF NAME POSTAL CODE	SUFFIX COUNTRY
	11d. SEE INSTRUCTIONS ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION		IZATION 1	11g. ORGANIZATIONAL ID #, if any		
DEB						NON
OR 12b. INDIVIDUAL'S LAST NAME 12c. MAILING ADDRESS 13. This FINANCING STATEMENT co		FIRST NAME CITY . 16. Additional collateral descrip	S	IIDDLE I	POSTAL CODE	SUFFIX
SOUTHEAST QUART NORTH ONE (N 1/4) O QUARTER (SE 1/4) OF QUARTER (SE 1/4) OF TOWN SHIP SEVENT	VARTER (NE 1/4) OF THE ER (SE 1/4) AND THE OF THE SOUTHEAST THE SOUTH EAST F SECTION FOUTEEN. Y-SIX (76) NORTH, RANGE WEST OF THE 5TH PM,	THIS IS A FIXTURE FILING SPECIFICALLY COVERING GRAIN BINS AND EQUIPMENT LOCATED ON THE REAL ESTATE SPECIFICALLY DESCRIBED AT ITEM 14 HEREIN			HE REAL	
(if Debtor does not have a record i	04 HOGBACK BRIDGE RD 0273 9 COUNTY RD	17. Check only if applicable and Debtor is a Trust or Trust 18. Check only if applicable and Debtor is a TRANSMITTING	ustee acting with respectively one box.	ect to pr	operty held in trust o	n Decedent's Estate
WINTERSET, IA 5027	Filed in connection with a M			•		