



Document 2011 2757

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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front back) CAREFULLY

LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

A. NAME & PHONE OF CONTACT AT FILER [optional]
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
✓ COMMODITY CREDIT CORPORATION Madison County Farm Service Agency 815 East Highway 92 Winterset, IA 50273

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
	MILLER	ERNEST	CARL	
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
2463 321ST LANE		PERU	IA	50222
				COUNTRY
				USA
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
	MILLER	MARY	H	
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
2463 321ST ST		PERU	IA	50222
				COUNTRY
				USA
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
815 EAST HIGHWAY 92		WINTERSET	IA	50273-2300
				COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

A-A 24 FOOT DIAMETER, 5 RINGS used grain bin equipped with aeration fan, power sweep and unloading auger. A. 24 foot diameter, 5rings high used grain bin equipped with fan, burner, spreader, stir-a-tor, 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/BAIOLR	<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

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 MILLER	FIRST NAME ERNEST	MIDDLE NAME, SUFFIX CARL
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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
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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:

WEST 1/2 OF THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 4 AND EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 5, TOWNSHIP 75 NORTH, RANGE 28 WEST OF THE 5TH PM MADISON COUNTY, IA

16. Additional collateral description:

THIS IS A FIXTURE FILING SPECIFICALLY COVERING GRAIN BINS AND EQUIPMENT AS LOCATED ON THE REAL ESTATE SPECIFICALLY DESCRIBED AT ITEM 14 HEREIN.

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

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)