



Document 2013 470

Book 2013 Page 470 Type 17 001 Pages 2

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
<input checked="" type="checkbox"/> 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	
	LENTS	DALE	ALLEN		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2664 CARRIAGE TRAIL		WINTERSET	IA	50273-8439	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	
	LENTS	EVONNE	SUE		
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2664 CARRIAGE TRAIL		WINTERSET	IA	50273-8439	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	COUNTRY
815 EAST HIGHWAY 92		WINTERSET	IA	50273-2300	

4. This FINANCING STATEMENT covers the following collateral:

A-A NEW 36 FOOT DIAMETAER, 5 RINGS HIGH SUKUP STEEL GRAIN BIN EQUIPPED WITH STAIRS, 24 INCH AXIAL FAN, SPREADER, AUGER AND POWER SWEEP.

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/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	A G. LIEN	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)		All Debtors	Debtor 1	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 and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
OR	9b. INDIVIDUAL'S LAST NAME	
	FIRST NAME	MIDDLE NAME, SUFFIX
	LENTS	DALE ALLEN

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - 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. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any	
					<input type="checkbox"/> 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 SOUTH 450 FEET OF THE NORTH 770 FEET OF THE WEST 480 FEET OF THE NORTHWEST QUARTER (1/4) (NW 1/4) SOUTHWEST QUARTER (SW 1/4) IN SECTION 28, TOWNSHIP 75 NORTH, RANGE 29 WEST OF THE 5TH P.M. MADISON COUNTY

16. Additional collateral description:

THIS IS A FIXTURE FILING SPECIFICALLY COVERING A 36 FOOT DIAMETER SUKUP GRAIN BIN 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