



Document 2017 377

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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND-ACKNOWLEDGMENT TO: (Name and Address)
<input checked="" type="checkbox"/> COMMODITY CREDIT COPORATION 815 EAST HIGHWAY 92 WINTERSET, IA 50273-2300

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
HOLLINGSWORTH	EVAN	JAMES		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2370 MILLSTREAM AVENUE	WINTERSET	IA	50273	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
HOLLINGSWORTH	SAMANTHA	JO		
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2370 MILLSTREAM AVENUE	WINTERSET	IA	50273	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME				
COMMODITY CREDIT CORPORATION				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
815 EAST HIGHWAY 92	WINTERSET	IA	50273	

4. COLLATERAL: This financing statement covers the following collateral:

A) A 48ft. DIAMETER, 14 RING HIGH GRAIN BIN STIFFENED. 2 STIFFENERS PER SHEET. OVER ALL HEIGHT 50'11" EAVE HEIGHT 37' 6" 63,430 MAX BU. CAPACITY 6% COMPACTED. 61,689 MAX BU. CAPACITY WITH LOW FLOOR SUPPORTS. 4 PANEL ROOF WITH 8, 000 LB PEAK CAPACITY @ 30PSF GROUND SNOW LOAD. 2 RING DOOR ROOF, ROOF STAIRWAY, SHUR-STEP STAIRWAY. 13 RING INSIDE LADDER. 10 " POWER SWEEP WITH 10" TUBE HORIZONTAL UNLOAD. 1 24" CENTRIFUNGAL FAN 3 HP WITH 44" FAN TRANSITION. 12 ELBOW VENTS 7 BOONE TEMP CABLES.

B) ALL PROCEEDS,PRODUCTS,REPLACEMENT,SUBSTITUTIONS,ADDITIONS,ACCESSIONS,AND SECURITY ACQUIRED HEREAFTER.

C)- DISPOSITION OF SUCH COLLATERAL IS NOT HEREBY AUTHORIZED

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box:	
<input type="checkbox"/> Public-Finance Transaction	<input type="checkbox"/> Manufactured-Home Transaction
<input type="checkbox"/> A Debtor is a Transmitting Utility	<input type="checkbox"/> Agricultural Lien
<input type="checkbox"/> Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA:	

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME	
OR	
9b. INDIVIDUAL'S SURNAME HOLLINGSWORTH	
FIRST PERSONAL NAME EVAN	
ADDITIONAL NAME(S)/INITIAL(S) JAMES	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME				
OR				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME			
OR			
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
COUNTRY			

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

**Paul Jay Hollingsworth and
Catherine Kay Hollingsworth
2570 Millstream Road
Winterset, IA 50273**

16. Description of real estate:

**North One Half (1/2) of the Southwest Quarter (1/4) of
Section Twenty (20) Township Seventy-five (75) North,
Range Twenty -seven (27), West of the 5th pm, Madison
County , IA**

17. MISCELLANEOUS: