

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
1556 52052 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Iowa (Madison)

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 Allendan Seed Company, Inc.				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 1966 175th Ln	CITY Winterset	STATE IA	POSTAL CODE 50273	COUNTRY USA

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 Allen	FIRST PERSONAL NAME Danny	ADDITIONAL NAME(S)/INITIAL(S) Joe		SUFFIX
2c. MAILING ADDRESS 1966 175th Ln	CITY Winterset	STATE IA	POSTAL CODE 50273	COUNTRY USA

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 FARM CREDIT LEASING SERVICES CORPORATION				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS 1665 UTICA AVE S, SUITE #400	CITY MINNEAPOLIS	STATE MN	POSTAL CODE 55416	COUNTRY USA

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

One (1) New Custom 90' x 120' Greenhouse together, with all fixtures, attachments, components, and accessories.

Further located on the property at: 41.39410N, -94.06034E; 41.39432N, -94.06035E; 41.39431N, -94.06000E; 41.39409N, -94.05999E.

This financing statement is filed for precautionary purposes only. The assets described in the collateral description above are owned by the Secured Party and are leased (or are intended to be leased) to the Debtor pursuant to the terms and conditions of the applicable lease documents between the Secured Party (as lessor thereunder) and the Debtor (as lessee thereunder) now in effect or anticipated to be executed by the parties. The Secured Party and the Debtor regard such lease to be a true lease and not a lease intended as security.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA: 001-0096424-000*75974-CUC-4

1556 52052

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 Allendan Seed Company, Inc.	
OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	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 Allen					
INDIVIDUAL'S FIRST PERSONAL NAME Sonia					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) Beth				SUFFIX	
10c. MAILING ADDRESS 1966 175th Ln		CITY Winterset	STATE IA	POSTAL CODE 50273	COUNTRY USA

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):
 Danny Joe Allen and Sonia Beth Allen, husband and wife
 1966 175th Ln
 Winterset IA 50273

16. Description of real estate:
 Parcel ID: 340061084000000
 The Northwest Quarter of the Southeast Quarter (NW1/4 SE 1/4), in Section Ten (10), Township Seventy-six (76) North, Range Twenty-eight (28) West, of the 5th P.M., Madison County, Iowa.

17. MISCELLANEOUS: