

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS



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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)
<b>COMMODITY CREDIT CORPORATION</b> <b>815 EAST HIGHWAY 92</b> <b>WINTERSET, IA 50273</b>

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 <b>Bellamy</b>		FIRST PERSONAL NAME <b>Jeffrey</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>Ken</b>	SUFFIX
1c. MAILING ADDRESS <b>1834 Limestone Ave</b>	CITY <b>Winterset</b>	STATE <b>IA</b>	POSTAL CODE <b>50273</b>	COUNTRY

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 <b>Bellamy</b>		FIRST PERSONAL NAME <b>Stephanie</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>Lynn</b>	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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 <b>Commodity Credit Corporation</b>				
OR				
3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>815 East Highway 92</b>	CITY <b>Winterset</b>	STATE <b>IA</b>	POSTAL CODE <b>50273</b>	COUNTRY

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

**A-New Brock Bin, Commercial E Series, 60 x 18 rings, 124,321 bu., 2 ring door, outside stairs, inside ladder, 10" sweep auger & unload, aeration system - 15 CFM/bu. - full floor, eight roof vent. Bin Foundation, donut type, based on level site. Honeyville fill conveyor from existing tower to bin peak, 5000 bph, catwalk, bin peak support, tower support.**

**B-All proceeds, products, replacements, substitutions, additions, accessions, and security acquired here after, Disposition of such collateral is not authorized**

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/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
	<b>Bellamy</b>
	FIRST PERSONAL NAME
	<b>Jeff Ken</b>
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			
	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):

16. Description of real estate:

**Bruce Alan Bellamy**  
**1904 Hogback Bridge Road**  
**Winterset, IA 50273**  
**Georgine Eve Bellamy**  
**1904 Hogback Bridge Road**  
**Winterset, IA 50273**  
**Greg Bellamy**  
**1349 County Road R**  
**Colby, KS 67701-9528**

**See attached:**

17. MISCELLANEOUS:

The Northeast Quarter (NE  $\frac{1}{4}$ ) of the Southeast Quarter (SE  $\frac{1}{4}$ ) and the North one-fourth (N  $\frac{1}{4}$ ) of the Southeast Quarter (SE  $\frac{1}{4}$ ) of the Southeast Quarter (SE  $\frac{1}{4}$ ) of Section Fourteen (14), Township Seventy-six (76) North, Range Twenty-eight (28) West of the 5<sup>th</sup> P.M., Madison County, Iowa