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Daneen Schindler, RECORDER/REGISTRAR DELAWARE COUNTY IOWA

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This form is available electronically.

CCC-297 (08-18-04)

U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation

SEVERANCE AGREEMENT

See Page 2 for Privacy Act and Public Burden Statements.

(b)	, of (c) 502 6th Ave	SW, Dyersville, IA 52040 , County of
	•	, (herein called Debtors), have
Secured Party a security interest in	orporation (herein called the Secured Pa the following-described fixture(s) (f): an conveyor with 10hp 1ph motor	rty), for a loan and have agreed to give the

The West one-half (W1/2) of the Southeast Quarter (SE1/4) of Section Eight (8), Township Eighty Eight (88), Range (3), West of the Fifth P.M., except the East nine hundred thirteen and five-tenths (913.5) feet of the South four hundred (400) feet of the Northwest Quarter (NW1/4) of the Southeast Quarter (SE1/4) of said Section Eight(8).

NOW, THEREFORE, in consideration of the making or insuring of such loan by the Secured Party, the undersigned parties hereby (1) consent that the Debtors may grant to the Secured Party a security interest in said fixture(s) under the Uniform Commercial Code, (2) consent to the installation of said equipment and agree said equipment shall be and remain severed from the real property described above, and (3) agree that upon default of Debtors the Secured Party may (a) take possession of and remove said fixture(s) without notice to the undersigned parties and without liability to them for any diminution of value of the real estate caused by the absence of the fixture(s) or by any necessity for replacing the fixture(s), and (b) enforce its security interest against said fixture(s) as personalty.

	ndersigned parties hereto have executed day of (i) Other	
if a corporation:		
(k) Name of Corporate (Mortgagee)	Owner) * (n) Ind	lividual (Mortgagee) (Owner) *
By Norther Free Duly Authorized Offi	Owner)* Fidelity Bank + Trust (n) Ind (n) Ind (o) Ind	ividual (Mortgagee) (Owner) *
(m) Title CORPORATE SEAL		
"Mortgagee" includes holder of any type o *Delete "Mortgagee" or "Owner."	f real estate lien.	
(q) COUNTY OF Del more	} ss. ACKNOWI	LEDGMENT:
me, the undersigned, a Notary Public in and personally known to me or proved to me or subscribed to the within instrument and ack and that by his/her/their signature(s) on the acted, execute the instrument. LACEY LUDOVISSY Commission Number 786221	If for said State, personally appeared (un the basis of satisfactory evidence to be knowledged to me that he/she executed	the individual(s) whose name(s) is (are) the same in his/her/their capacity (ies), rson on behalf of which the individual(s)
My Commission Expires	My commission expire	es (w) 9.23.17 (MM-DD-YYYY)

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR Part 1436 and the Commodity Credit Corporation Charter Act, 5 USC 714 et. seq. The information will be used to determine eligibility for CCC financing for farm, storage and drying equipment. Furnishing the requested information is voluntary; however, without it CCC financing under the program cannot be provided. Failure to turnish the requested information will result in denial of CCC financing under this program. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0204. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.