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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA**A. NAME & PHONE OF CONTACT AT FILER (optional)**

Shirley Manternach 563 927-4250

B. E-MAIL CONTACT AT FILER (optional)**C. SEND-ACKNOWLEDGMENT TO: (Name and Address)**

Commodity Credit Corporation
c/o Delaware County Farm Service Agency
200 South 12th St
Manchester, IA 52057

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**Kruse Dairy Farm LLC**

OR

1b. INDIVIDUAL'S SURNAME**FIRST PERSONAL NAME****ADDITIONAL NAME(S)/INITIAL(S)****SUFFIX****1c. MAILING ADDRESS****1501 300th Ave****CITY****Dyersville****STATE****IA****POSTAL CODE****52040****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**FIRST PERSONAL NAME****ADDITIONAL NAME(S)/INITIAL(S)****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**Commodity Credit Corporation**

OR

3b. INDIVIDUAL'S SURNAME**FIRST PERSONAL NAME****ADDITIONAL NAME(S)/INITIAL(S)****SUFFIX****3c. MAILING ADDRESS****200 South 12th St****CITY****Manchester****STATE****IA****POSTAL CODE****52057****COUNTRY**

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

A 36' GSI bin, stairs, floor supports, 10hp cent. fan - transition, vents, powersweep, grain spreader, shivvers, 6" x 45' transfer auger, concrete, electrical and all other attachments. All proceeds, products, replacements, substitutions, additions, accessions, and security acquired hereafter.
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/Licensor

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

Kruse Dairy Farm LLC

OR 9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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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):

This is a fixture filing specifically covering a grain bin and equipment located on the real estate specifically described in Item 16 herein.

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):

Michael J and Lois A Kruse
2925 160th St
Dyersville, IA 52040

16. Description of real estate:

The SW1/4 of the SW1/4 & the S1/2 of the NW1/4 of the SW1/4 of Sec 32, T-90-N, R-3-W of the 5th P.M., except that part of said NW1/4 of the SW1/4 described as commencing at a point on the West line of said NW1/4 of the SW1/4 that is 130' South of the NW corner of said NW1/4 of the SW1/4, running thence South along the Section line 619', thence East 45', thence North 619' thence West 45' to the point of beginning, & also except that part of said SW1/4 of the SW1/4 described as commencing at the SW corner of said SW1/4 of the SW1/4, thence North along the Section line 763', thence Southeasterly along a 1215.4' radius curve, concave Northeasterly 1104.5' to a point 763' East of the SW corner of said SW1/4 of the SW1/4, thence West along the Section line 763' to the point of beginning.

17. MISCELLANEOUS: