

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

Recorded: 12/28/2018 at 3:53:44.0 PM  
County Recording Fee: \$12.00  
Iowa E-Filing Fee: \$3.00  
Combined Fee: \$15.00  
Revenue Tax:  
Delaware County, Iowa  
Daneen Schindler RECORDER  
BK: 2018 PG: 3647

|                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Crystal Salow                                                     |
| B. E-MAIL CONTACT AT FILER (optional)<br>crystal.salow@csbiowa.com                                                  |
| C. SEND-ACKNOWLEDGMENT TO: (Name and Address)<br><br>Community Savings Bank<br>101 E Union St<br>Edgewood, IA 52042 |

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<br>Perrinjaquet | FIRST PERSONAL NAME<br>Kevin | ADDITIONAL NAME(S)/INITIAL(S)<br>James |                      | SUFFIX         |
| 1c. MAILING ADDRESS<br>PO Box 400        | CITY<br>Edgewood             | STATE<br>IA                            | POSTAL CODE<br>52042 | COUNTRY<br>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<br>Perrinjaquet | FIRST PERSONAL NAME<br>Margaret | ADDITIONAL NAME(S)/INITIAL(S)<br>Mary |                      | SUFFIX         |
| 2c. MAILING ADDRESS<br>PO Box 400        | CITY<br>Edgewood                | STATE<br>IA                           | POSTAL CODE<br>52042 | COUNTRY<br>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<br>Community Savings Bank |                     |                               |                      |                |
| OR                                                |                     |                               |                      |                |
| 3b. INDIVIDUAL'S SURNAME                          | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |                      | SUFFIX         |
| 3c. MAILING ADDRESS<br>101 E Union St             | CITY<br>Edgewood    | STATE<br>IA                   | POSTAL CODE<br>52042 | COUNTRY<br>USA |

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

1-300,000 bushel Brock storage bin with full floor ventilation and foundation; two Honeyville conveyors; electrical; Millwright and Crane; catwalks and ventilation monitor, and all additions, replacements of and substitutions of all or any parts of the foregoing property located at the South 130 Feet of the East 130 Feet, Except the South 38 Feet and the East 41 Feet thereof, all in Lot 9 of the Subdivision of the Northeast Quarter of the Northeast Quarter of Section 3, Township 90 North, Range 5 West of the 5th P.M., City of Edgewood, Delaware County, IA

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 AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

**Community Savings Bank**

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME

OR

13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17  
(if Debtor does not have a record interest):

**Edgewood Feed Mill, Inc.  
1986 Highway 3  
Edgewood, IA 52042**

17. Description of real estate:

**the goods are or are to become fixtures on: the  
South 130 Feet of the East 130 Feet, Except the  
South 38 Feet and the East 41 Feet thereof, all in  
Lot 9 of the Subdivision of the Northeast  
Quarter of the Northeast Quarter of Section 3,  
Township 90 North, Range 5 West of the 5th  
P.M., City of Edgewood, Delaware County, IA**

18. MISCELLANEOUS: