

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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	



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2019 545 Type 10 011 Pages 2
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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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 Zumbach		FIRST PERSONAL NAME Eldon	ADDITIONAL NAME(S)/INITIAL(S) Karl	SUFFIX
1c. MAILING ADDRESS 1609 Rainbow Dr		CITY Belle Plaine	STATE IA	POSTAL CODE 52208	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 Zumbach		FIRST PERSONAL NAME Christine	ADDITIONAL NAME(S)/INITIAL(S) Elizabeth	SUFFIX
2c. MAILING ADDRESS 1609 Rainbow Dr		CITY Belle Plaine	STATE IA	POSTAL CODE 52208	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 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 USA

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

A 48' Brock Storage Bin, SHUR-step, Inside ladder, 8" x 48' powersweep, aeration system, 24" axial fan 10H-1P-230V with controls, 10hp & 7.5hp single ph motor & pulley, concrete, electrical and all other attachments. All proceeds, products, replacements, substitutions, additions, accessions and security acquired hereafter. DISPOSITION OF SUCH COLLATERAL IS NOT HEREBY 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:

6b. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ 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

Commodity Credit Corporation

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):

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:

Aaron and Debra Zumbach
712 Kaitlynn Ave
Anamosa, IA 52205

Parcel C Part of the SW 1/4 of the SE 1/4 and part of the SE 1/4 SW 1/4 all in Section 34, T87N, R5W of the 5th P.M., Delaware County. Plat recorded in Book 2010 Page 1916.

Eldon and Christine Zumbach
1609 Rainbow Dr
Belle Plaine, IA 52208

17. MISCELLANEOUS: