



Book 2021 Page 2255

Document 2021 2255 Type 10 011 Pages 2  
Date 6/23/2021 Time 10:12:03AM  
Rec Amt \$12.00**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

|                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)                                                                                       |
| B. E-MAIL CONTACT AT FILER (optional)                                                                                                |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><b>Farmers Savings Bank</b><br><b>747 Main Street</b><br><b>Arlington, IA 50606</b> |

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<br><b>AP PORK LLC</b> |                                 |                     |                               |                       |
| OR                                            | 1b. INDIVIDUAL'S SURNAME        | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                |
| 1c. MAILING ADDRESS<br><b>1529 110TH ST</b>   | CITY<br><b>STRAWBERRY POINT</b> | STATE<br><b>IA</b>  | POSTAL CODE<br><b>52076</b>   | COUNTRY<br><b>USA</b> |

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<br><b>Farmers Savings Bank</b> |                          |                     |                               |                       |
| OR                                                     | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                |
| 3c. MAILING ADDRESS<br><b>747 Main Street</b>          | CITY<br><b>Arlington</b> | STATE<br><b>IA</b>  | POSTAL CODE<br><b>50606</b>   | COUNTRY<br><b>USA</b> |

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

All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing. ALL SOLAR PANELS, INVERTERS, GENERATORS, MOUNTING BRACKETS, GROUND MOUNT KITS, ALUMINUM RACKING, RAILS & CLIPS FOR GROUND MOUNT INSTALL, ALL ELECTRICAL WIRING ON DC SIDE TO INVERTERS, ALL ELECTRICAL CONDUIT, STRAPS & AC WIRING FROM ARRAY TO METER PLOWED IN. LOCATED AT 1155 180TH AVE, EDGEWOOD, 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 Representative6a. Check only if applicable and check only one box:☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility6b. Check only if applicable and check only one box:☐ Agricultural Lien ☐ Non-UCC Filing7. 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  | AP PORK, LLC                  |        |
| OR                       |                               |        |
| 9b. INDIVIDUAL'S SURNAME |                               |        |
|                          | FIRST PERSONAL NAME           |        |
|                          | 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  | AP PORK, LLC                               |  |  |        |
| 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 |
| 1529 110TH ST        | STRAWBERRY POINT | IA    | 52076       | USA     |

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

|                           |                      |                               |        |  |
|---------------------------|----------------------|-------------------------------|--------|--|
| 11a. ORGANIZATION'S NAME  | FARMERS SAVINGS BANK |                               |        |  |
| OR                        |                      |                               |        |  |
| 11b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME  | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |  |

|                        |           |       |             |         |
|------------------------|-----------|-------|-------------|---------|
| 11c. MAILING ADDRESS   | CITY      | STATE | POSTAL CODE | COUNTRY |
| 205 MAIN ST PO BOX 127 | COLESBURG | IA    | 52035       | USA     |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

**All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing. ALL SOLAR PANELS, INVERTERS, GENERATORS, MOUNTING BRACKETS, GROUND MOUNT KITS, ALUMINUM RACKING, RAILS & CLIPS FOR GROUND MOUNT INSTALL, ALL ELECTRICAL WIRING ON DC SIDE TO INVERTERS, ALL ELECTRICAL CONDUIT, STRAPS & AC WIRING FROM ARRAY TO METER PLOWED IN. LOCATED AT 1155 180TH AVE, EDGEWOOD, IA.**

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):

AP PORK, LLC  
1529 110TH ST  
STRAWBERRY POINT, IA 52076

16. Description of real estate:

17. MISCELLANEOUS:

\* *SGP* *Andrea Davis*