




UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
Rylie Waite 563-927-4250

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

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

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

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 Bonert	FIRST PERSONAL NAME Gregory	ADDITIONAL NAME(S)/INITIAL(S) Steven	SUFFIX
---	---------------------------------------	--	--------

1c. MAILING ADDRESS

2278 210th Street	CITY Manchester	STATE IA	POSTAL CODE 52057	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 Bonert	FIRST PERSONAL NAME Elise	ADDITIONAL NAME(S)/INITIAL(S) Marie	SUFFIX
---	-------------------------------------	---	--------

2c. MAILING ADDRESS

2278 210th Street	CITY Manchester	STATE IA	POSTAL CODE 52057	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 Street	CITY Manchester	STATE IA	POSTAL CODE 52057	COUNTRY
------------------------------	---------------------------	--------------------	-----------------------------	---------

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

Used MC 10730 dryer, concrete, electrical, and all 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:
 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	
OR	
9b. INDIVIDUAL'S SURNAME	
Bonert	
FIRST PERSONAL NAME	
Gregory	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Steven	

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				
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):

<p>13. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)</p> <p>15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):</p> <p>Bonert Pork, LLC</p>	<p>14. This FINANCING STATEMENT:</p> <p><input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing</p> <p>16. Description of real estate:</p> <p>The North 428 feet of the East 462 feet of the Southeast 1/4 of the Northwest 1/4 of Section 16, Township 88 North, Range 4 West of the 5th P.M.m Delaware County, IA</p>
---	--

17. MISCELLANEOUS: