



Document 2013 1588

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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

A. NAME & PHONE OF CONTACT AT FILER [optional] Corporation Service Company 1-800-858-5294	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) 76442882 - 348910 ✓ Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Iowa Madison	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S LAST NAME Voss		FIRST NAME Brent	MIDDLE NAME A	SUFFIX
1c. MAILING ADDRESS 33464 Delta Trail		CITY Dexter	STATE IA	POSTAL CODE 50070	COUNTRY
1d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Sole Proprietor	1f. JURISDICTION OF ORGANIZATION IOWA	1g. ORGANIZATIONAL ID #, if any ☒ NONE	

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME Voss		FIRST NAME Teresa	MIDDLE NAME M	SUFFIX
2c. MAILING ADDRESS 33464 Delta Trail		CITY Dexter	STATE IA	POSTAL CODE 50070	COUNTRY
2d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION Sole Proprietor	2f. JURISDICTION OF ORGANIZATION Iowa	2g. ORGANIZATIONAL ID #, if any ☒ NONE	

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME FARM CREDIT LEASING SERVICES CORPORATION					
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 600 HWY 169 S, SUITE #300		CITY MINNEAPOLIS	STATE MN	POSTAL CODE 55426	COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

2013 One (1) 240' Hoop Barn w/6-40' pens together with all attachments, components, and accessories including, but not limited to: steel rollup doors.

This financing statement is filed for precautionary purposes only. The assets described in the collateral description above are owned by the Secured Party and are leased (or are intended to be leased) to the Debtor pursuant to the terms and conditions of the applicable lease documents between the Secured Party (as lessor thereunder) and the Debtor (as lessee thereunder) now in effect or anticipated to be executed by the parties. The Secured Party and the Debtor regard such lease to be a true lease and not a lease intended as security.

5. ALTERNATIVE DESIGNATION [if applicable]: ☒ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING						
6. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum ☐ If applicable		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) ☐ optional		All Debtors	Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA 001-0039400-000						

76442882

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
Voss	Brent	A

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any ☐ NONE

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR				
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

14. Description of real estate:

SE 1/4 of Sec 4 and the N1/2 NE1/4 of Sec 9 Twp 77N Rg 29W
Madison County, Iowa

15. Name and address of a RECORD OWNER of above-described real estate
(if Debtor does not have a record interest):

Brent A Voss
Teresa M Voss

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years

☐ Filed in connection with a Public-Finance Transaction — effective 30 years