

## Jeffcoat-Sacco, Illona

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**Sent:** Thursday, April 23, 2015 4:38 PM  
**To:** Jeffcoat-Sacco, Illona  
**Subject:** Notification of Service for Case No. 18-2015-CV-00240 ( Public Service Commission, et al. vs. Grand Forks Bean Company, Inc. )

This is a service filing for Case No. 18-2015-CV-00240, Public Service Commission, et al. vs. Grand Forks Bean Company, Inc..

Date Submitted: 4/23/2015 4:32:45 PM  
Filing Code: Exhibit  
Filing Desc: Exhibit I to Claim of Bremer Bank  
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The following are service contacts on this filing:  
Other Service Contacts not associated with a party on the case:

John Schroeder ([jschroeder@northdakotalaw.net](mailto:jschroeder@northdakotalaw.net))

Daniel Gaustad ([dan@grandforkslaw.com](mailto:dan@grandforkslaw.com))

Russ Melland ([rmelland@camrudlaw.com](mailto:rmelland@camrudlaw.com))

Tracy Kennedy ([tracykennedy@northdakotalaw.net](mailto:tracykennedy@northdakotalaw.net))

Susan Richter ([srichter@nd.gov](mailto:srichter@nd.gov))

Jon Brakke ([jbrakke@vogellaw.com](mailto:jbrakke@vogellaw.com))

Daniel Gaustad ([dan@grandforkslaw.com](mailto:dan@grandforkslaw.com))

Public Service Commission:

Illona Jeffcoat-Sacco ([ijs@nd.gov](mailto:ijs@nd.gov))

Casey Furey ([cfurey@nd.gov](mailto:cfurey@nd.gov))

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**88** **GE-15-36** Filed: 4/23/2015 Pages: 3  
**Notification of Service – Exhibit I to Claim of Bremer Bank**

Bremer Bank, National Association  
John Schroeder, Zimney Foster P.C.

For assistance, contact the North Dakota Court's Information Technology Department at 701.328.4218. Support is available 8 a.m. to 5 p.m. CT, Monday through Friday.

EXHIBIT I

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]  
**ANGIE BAUMANN** *billing #*

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**Bremer Bank, National Association  
 Grand Forks Office  
 3100 South Columbia Road  
 Grand Forks, ND 58208-3118**

FILE NUMBER: 12-000716255-9  
 DATE: 01/06/2012 TIME: 03.04.11.4 PM  
 FILING OFFICE: GRAND FORKS OFFICER: GARLYNN HELMOSH

FILE NUMBER: 12-000716255-9 PAGES: 1  
 GRAND FORKS BEAN C UCC

FEE: 15.00 PAID: .00 BALANCE: 15  
 ACCOUNT BILLED: 14077116

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  
**GRAND FORKS BEAN COMPANY, INC.**

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**2120 N WASHINGTON ST GRAND FORKS ND 58203 USA**

1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any  
**Corporation ND 21261200**  NON

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 FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any  
 NON

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  
**Bremer Bank, National Association**

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**3100 South Columbia Road Grand Forks ND 58208 USA**

4. This FINANCING STATEMENT covers the following collateral:  
**All inventory, Accounts and Equipment; whether any of the foregoing is owned now or acquired later; all accessories, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other accounts proceeds).**

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 (or record) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (OPTIONAL FEE)  All Debtors  Debtor 1  Debtor

8. OPTIONAL FILER REFERENCE DATA