

Richter, Susan K.

From: no-reply@tylerhost.net
Sent: Thursday, September 10, 2015 10:14 AM
To: Richter, Susan K.
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: 9/10/2015 10:01:42 AM
Filing Code: Exhibit
Filing Desc: Exhibit E to Affidavit of Kevin Beito - UCC Financing Statement
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Notification of service – Exhibit E to Affidavit of Kevin Beito – UCC Financing Statement

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EXHIBIT E

UNIFORM COMMERCIAL CODE FINANCING STATEMENT - UCC-1

FILE NUMBER	DATE	TIME	COUNTY FILED
D 05-000274431-0	09/30/2005	03:54:21.3 PM	ND SEC OF ST



DEBTORS:

ORGANIZATION
 GRAND FORKS BEAN COMPANY INC.
 2120 N WASHINGTON ST
 GRAND FORKS ND 58203 1447

SECURED PARTIES:

ORGANIZATION
 ALERUS FINANCIAL N.A.
 2300 S COLUMBIA RD PO BOX 6001
 GRAND FORKS ND 58206 6001

COLLATERAL INFORMATION:

COLLATERAL

ALL INVENTORY, EQUIPMENT, ACCOUNTS, INSTRUMENTS, DOCUMENTS, CHATTEL PAPER, GENERAL INTANGIBLES, DEPOSIT ACCOUNTS NOW OWNED & OWNED IN THE FUTURE.

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Alerus Financial, N. A.
P.O. Box 6001
Grand Forks, ND 58206-6001

ND-507
09-30-05 3:54 p.m.
05-274431-0

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
Grand Forks Bean Company Inc.

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

1c. MAILING ADDRESS
2120 N Washington St
CITY: **Grand Forks** STATE: **ND** POSTAL CODE: **58203-1447** COUNTRY:

1d. TAX ID #: SSN OR EIN **3048** ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION **ND** 1g. ORGANIZATIONAL ID #, if any **21261200** 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 FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS
CITY STATE POSTAL CODE COUNTRY

2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 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
Alerus Financial, N. A.

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

3c. MAILING ADDRESS
P.O. Box 6001
CITY: **Grand Forks** STATE: **ND** POSTAL CODE: **58206-6001** COUNTRY:

4. This FINANCING STATEMENT covers the following collateral:

All inventory, equipment, accounts, instruments, documents, chattel paper, general intangibles, deposit accounts now owned and owned in the future.

SEP 3 2005
EBS

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) [optional] [ADDITIONAL FEE] All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

Handwritten notes at bottom right.