•	COUNTER(C.E.	<u>a</u>	FIL	ED SA	RPY COUNTY	/ NEBRASKA
	PROOF	10			INS	TRUMENT NU	JMBER
	FEES \$ CHECK#	<u>10,50</u> 614.34	8			2012-1512	9
	CHG REFUND	CAS		05	/23/20	012 10:53:4	12 AM
UCC FINANCING STATEMENT AR				4	0-1	2	20:
FOLLOW INSTRUCTIONS (front and back) CAREFUL A. NAME & PHONE OF CONTACT AT FILER (optional			7	+4	Oyu	J. Kon	ang
Jeff Young (402) 384-5224 B. SEND ACKNOWLEDGMENT TO: (Name and Addre	ess)		-		REC	SISTER OF D	EEDS
Tugg Value			7			1188118	
Jeff Young QQ Q10 Daisley Ruff Financial	Corp						
440 Regency Parkway, Suite							
Omaha, NE 68114							
L			JI THE	AROVE SPA	CE IS FOI	R FILING OFFICE U	ISE ONLY
1a. INITIAL FINANCING STATEMENT FILE #			11127	ABOVE OF A	1b. This	FINANCING STATEME	ENT AMENDMENT is
Original file #2002-26869, filed 7/18/2002 2. TERMINATION: Effectiveness of the Financing State	ment identified above is t	terminated with r	espect to security inte	erest(s) of the Se		L ESTATE RECORDS y authorizing this Termi	
3. CONTINUATION. Effectiveness of the Financing St continued for the additional period provided by applical	atement identified above						
ASSIGNMENT (full or partial): Give name of assigner		dress of assigne	ee in item 7c; and also	give name of a	ssignor in i	tem 9.	
5. AMENDMENT (PARTY INFORMATION): This Amer	LJ		ured Party of record.	Check only one	of these to	wo boxes	
Also check one of the following three boxes and provide app CHANGE name and/or address. Give current record nate	me in item 6a or 6b; also	give new	DELETE name. Giv	ve record name	AD	D name: Complete iten	n 7a or 7b, and also
name (if name change) in item 7a or 7b and/or new addition. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	ress (if address change) i	n item 7c.	to be deleted in item	n 6a or 6b.	liten	n 7c, also complete iter	ms 7d-7g (if applicable).
B.H.I. Investment Company OR 66 INDIVIDUAL'S LAST NAME		Telegar Manag			MIDDLE	JÁBAE	SUFFIX
60 INDIVIDUAL S LAST NAME		FIRST NAME			WINDOLL	VAINE	SOFFIX
7. CHANGED (NEW) OR ADDED INFORMATION.		······					
7a ORGANIZATION'S NAME							
OR 7ь. INDIVIDUAL'S LAST NAME	**************************************	FIRST NAME			MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	OF ORGANIZATION	74 III IDIEDICI	TION OF ORGANIZAT	TON	70 OPG	ANIZATIONAL ID #, if a	2004
7d TAX ID #: SSN OR EIN ADD'L INFO RE 7e TYPE C ORGANIZATION DEBTOR	F ORGANIZATION	71. JURISDIC	ION OF ORGANIZAT	ION	/g. URG/	ANIZATIONAL ID #, II a	NONE
8. AMENDMENT (COLLATERAL CHANGE): check on	· ;=	***	Г		1		
Describe collateral deleted or added, or give ent	ire estated collateral	I description, or	describe collateral	assigned.			
9. NAME OF SECURED PARTY OF RECORD AUTI	HORIZING THIS AME	NDMENT (par	ne of assignor if this i	s an Assignmen	t) If this is	an Amendment author	ized by a Debtor which
adds collateral or adds the authonzing Debtor, or if this is a		•		-		nizing this Amendment.	
9a ORGANIZATION'S NAME Homesteaders Life Company							
OR 9b. INDIVIDUAL'S LAST NAME		FIRST NAME			MIDDLE	NAME	SUFFIX
							
10. OPTIONAL FILER REFERENCE DATA 04Z079 - UCC Continuation - Sarpy C	ounty, NE - 05/2	012					

UC	C FINANCING STATE	MENTAMENDME	ENT ADDENDUM			
FOL	LOW INSTRUCTIONS (front and ba	ick) CAREFULLY				
11.	INITIAL FINANCING STATEMENT	FILE # (same as item 1a on Amer	ndment form)			
Oı	riginal file #2002-26869, file	d 7/18/2002				
12.	NAME OF PARTY AUTHORIZING	THIS AMENDMENT (same as i	tem 9 on Amendment form)			
	12a. ORGANIZATION'S NAME					
	Homesteaders Life Company					
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME.SUFFI			
13.	Use this space for additional inform	ation				

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Legal Description:

Lot 1, Highway Crossing, a Subdivision as surveyed, platted and recorded in Sarpy County, Nebraska.

Address: 11205 South 150th Street, Omaha, NE 68138