## ROLL 617 IMAGE 1335

OW INSTRUCTIONS (front and back) CAREFULLY  AME & PHONE OF CONTACT AT FILER (optional)			•	r 2003	
END ACKNOWLEDGMENT TO: (Name and Address			0C1 -	7 2003	
AMERICAN INTERSTATE BANK			Time/300	M Fee \$ Pd Auditor & Recorder Designed	
701 GATEWAY ROAD P.O. BOX 469			By SZZZ		
ELKHORN, NE 68022					
i	_	THE ABOVE	SPACE IS FOR FIL	ING OFFICE USE ON	LY
DEBTOR'S EXACT FULL LEGAL NAME - insert only	one debtor name (1a or 1b) - do n				
1a. ORGANIZATION'S NAME					<del></del>
GORDON PLAZA, L.L.C.  1b. INDIVIDUAL'S LAST NAME	FIRST NAME	FIRST NAME			SUFFIX
	CITY		STATE PO	STAL CODE	COUNTRY
MAILING ADDRESS 520 NEBRASKA ST. #233		SIOUX CITY	IA GREAN	51101 ZATIONAL ID #, if any	
TAX ID #: SSN OR EIN ADD'L INFO RE 18. TYPE OF ORGANIZATION	RGANIZATION 1f. JURISDICTION	OF ORGANIZATION	1g. OHGANIA	ZATIONAL ID #, II WII	X NO
0011997 DEBTOR DEBTOR'S EXACT FULL LEGAL NA	E - insert only <u>one</u> debtor name (2		previate or combine	names	
2a. ORGANIZATION'S NAME					
8	FIRST NAME		MIDDLE NA	ME	SUFFIX
2b. INDIVIDUAL'S LAST NAME	EUST INVINC				COUNTRY
. MAILING ADDRESS	CITY		STATE	OSTAL CODE	COUNTRY
1. TAX ID #: SSN OR EIN ADD'L INFO RE 29. TYPE O	ORGANIZATION 2f. JURISDICTIO	N OF ORGANIZATION	2g. ORGAN	IZATIONAL ID #, if any	<u>. L</u>
ORGANIZATION DEBTOR	i				□ NO
SECURED PARTY'S NAME (or NAME of TOTAL AS	GNEE of ASSIGNOR S/P) - insert only on	secured party name (3:	a or 3b)		<del></del>
33. ORGANIZATION'S NAME					SUFFIX
AMERICAN INTERSTATE BANK  3b. INDIVIDUAL'S LAST NAME	FIRST NAME	FIRST NAME		MIDDLE NAME	
·	CITY		STATE	POSTAL CODE	COUNTR
c. MAILING ADDRESS 701 GATEWAY ROAD	(1), 1	ELKHORN	NE	68022	<u> </u>
This FINANCING STATEMENT covers the following collate ALL EQUIPMENT, INVENTORY, ACCOUNTS AND GET EVIDENCED BY UCC DATED 9/16/03.	1: RAL INTANGIBLES NOW OWNED OR	HEREAFTER ACQUIRE	ED AND ALL BOOKS	AND RECORDS RELAT	ING THERET(

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	C FINANCING OW INSTRUCTIONS		NT ADDENDU	ML					
9. NA	AME OF FIRST DEBTO	R (1a or 1b) ON	RELATED FINANCING S	TATEMEN	lΤ				
ſ	9a. ORGANIZATION'S N	AME			·				
OR	GORDON PLAZA, L.L.C.								
Ī	9b. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE NAME, SUFFIX				
10. N	/ISCELLANEOUS:								
•								·	
11 /	ADDITIONAL DERTO	Die sylet eu	LIFOUR NAME					IS FOR FILING OFFIC	CE USE ONLY
	11a. ORGANIZATION'S		L LEGAL NAME - insert	only <u>one</u> r	name (11a or 11b) - do	not abbreviate	or combin	e names	
OR	11b. INDIVIDUAL'S LAS	T NAME		FIR	ST NAME		MIDDLE	NAME	SUFFIX
11c.	MAILING ADDRESS		<del></del>	СІТ	Υ		STATE	POSTAL CODE	COUNTRY
11d.	TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e, TYPE OF ORGANIZATE	ON 111	. JURISDICTION OF ORGA	NIZATION	11g. OR	ASANIZATIONAL ID #, if	any X NON
12.	ADDITIONAL SE		'S <u>or</u> ☐ ASSIGNO	R S/P'S	NAME - insert only on	e name (12a or	12b)		Las WOW
OR									
Ů.	126. INDIVIDUAL'S LAS	T NAME		FIR	ST NAME		MIDDLE	NAME	SUFFIX
12c.	MAILING ADDRESS			СІТ	Υ		STATE	POSTAL CODE	COUNTRY
14. Lot This Lyin	RTEEN (13), FOURTEEN IG WEST OF THE EAST	I fixture filing.  ND INCLUDING EI  (14) AND THAT I  LINE OF LOT EIG	GHT (8), INCLUSIVE; LOTS PORTION OF LOT FIFTEEN HT (8) EXTENDED TO THE	)   (15)  -	. Additional collateral descr	iption:	•	•	
15,		ECORD OWNER of a	above-described real estate	17	'. Check <u>only</u> if applicable a				
				18 [	btor is a Trust or Tended Trust or Tended Te	and check <u>only</u> one ING UTILITY a Manufactured-Ho	box. ome Transac	tion effective 30 years	