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SUBMITTED GREAT WESTERN BANK - THE N

FILED SARPY CO. NE. INSTRUMENT NUMBER

2016-13371

2016 Jun 09 03:46:18 PM

Sley J. Dowling

REGISTER OF DEEDS

THE ABOVE SPACE IS RESERVED FOR THE REGISTER OF DEEDS RECORDING INFORMATION

THIS PAGE INCLUDED FOR INDEXING

LLOYD J. DOWDING

SARPY COUNTY REGISTER OF DEEDS STEVEN J. STASTNY, DEPUTY 1210 GOLDEN GATE DRIVE, STE. 1109 PAPILLION, NE 68046-2895 402-593-5773

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional)	-				
A. NAINE & PHONE OF CONTACT AT FILER (optional)					
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
I —	_				
GREAT WESTERN BANK	•				
9290 W Dodge Rd Suite 401					
Omaha, NE 68114					
L		THE ABOVE SPA	CE IS FO	R FILING OFFICE USE (ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, fu	ll name; do not omit,	modify, or abbreviate any part of	the Debtor	's name); if any part of the In	dividual Debtor's
	e the Individual Debt	or information in item 10 of the Fi	nancing St	atement Addendum (Form UC	CC1Ad)
1a. ORGANIZATION'S NAME SGTS, LLC					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
				,, ,,	
1c. MAILING ADDRESS	CITY	 	STATE	POSTAL CODE	COUNTRY
22655 CENTENNIAL ROAD	GRETNA		NE	68028	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, fu name will not fit in line 2b, leave all of item 2 blank, check here and provide and provide the control of the		modify, or abbreviate any part of or information in item 10 of the Fi			
2a. ORGANIZATION'S NAME					
CB					
OR 25. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS	CITY	· · · · · · · · · · · · · · · · · · ·	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	CURED PARTY): Pro	wide only <u>one</u> Secured Party nam	ne (3a or 3l	b)	•
3a. ORGANIZAȚION'S NAME					
GREAT WESTERN BANK	Telegar personal		LADDITIO	NIAL NIABATION SHITLALION	EUEEIV
3b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
9290 W Dodge Rd Suite 401	Omaha		NE	68114	USA
4. COLLATERAL: This financing statement covers the following collateral:			<u>'</u>	<u> </u>	
All Fixtures; whether any of the foregoing is owned now or a	cquired later; a	II accessions, additions,	replace	ments, and substituti	ions relating
to any of the foregoing; all records of any kind relating to ar			·		
5. Check only if applicable and check only one box: Collateral is held in a Trus	st (see UCC1Ad, item	17 and Instructions) being	g administe	ered by a Decedent's Persona	I Representative
6a. Check only if applicable and check only one box:				if applicable and check only	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is	a Transmitting Utility	Agricu	Itural Lien Non-UCC	Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignee	nor Seller/Buyer	В	ailee/Bailor Licen	see/Licensor
8. OPTIONAL FILER REFERENCE DATA:					

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement, if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME SGTS, LLC 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTRY POSTAL CODE 10c. MAILING ADDRESS STATE CITY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a, ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) covers timber to be cut covers as-extracted collateral X is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: Lot 2 in SARPY COUNTY INDUSTRIAL PARK REPLAT 1, a Subdivision, as (if Debtor does not have a record interest): surveyed, platted and recorded, in Sarpy County, Nebraska, EXCEPT that part thereof described as follows: Beginning at the Southwest corner of said Lot 2, said corner also being on the West line of Outlot A, Pink Industrial Park 2; thence North 02°35'40" West, for 141.08 feet, along the West line of said Lot 2, to the South line of a permanent sewer easement; thence North 55°11'22" East, for 293.38 feet, along said South line of the permanent sewer easement, to the intersection of the projected North line of Lot 2, Pink Industrial Park Replat 3, a 17. MISCELLANEOUS:

FILING OFFICE COPY - UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)

UCC FINANCING STATEMENT ADDENDUM

OLLOW INSTRUCTIONS NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if II	ine 1b was left blank	1			
because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME		-			
SGTS, LLC		-			
9b. INDIVIDUAL'S SURNAME		1			
FIRST PERSONAL NAME		1			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
		THE ABOVE	SPACE	S FOR FILING OFFICE	USE ONLY
 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the management. 		n line 1b or 2b of the	Financing S	Statement (Form UCC1) (us	e exact, full name;
10a. ORGANIZATION'S NAME	aming address in the 100				
10b. INDIVIDUAL'S SURNAME					
ALBUMAN AND STREET PERSONAL NAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
DC. MAILING ADDRESS	СІТҮ		STATE	POSTAL CODE	COUNTRY
			<u> </u>		
1. ADDITIONAL SECURED PARTY'S NAME or ASSIGNO ASSIGNO ASSIGNO	OR SECURED PARTY	'S NAME: Provide	only <u>one</u> na	ame (11a or 11b)	
		·			
R 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY	-	STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	<u></u>				
2. ADDITIONAL SPACE FOR TIEM 4 (Collateral).					
3. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STAT	EMENT:		<u> </u>	
REAL ESTATE RECORDS (if applicable)	covers timber to be	 1	s-extracted	collateral X is filed as	a fixture filing
5. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	d in item 16 16. Description of real estate: Subdivision, as surveyed, platted and recorded, in Sarpy County, thence South 84°19'05" East, for 221.13 feet, along said extension				
	Northwest corner of 57°46'28" West, for Industrial Park Res	of said Lot 2, P or 537.30 feet, olat 3 and Outlo	ink Indu along ti ot A, Pin	strial Park Replat 3 he West line of sa k Industrial Park 2, into Sarpy County	; thence Sou nid Lot 2, Pin to the Point
	•				
	I				