

UCC FINANCING STATEMENT AMENDMENT  FOLLOW INSTRUCTIONS  A. MAME & PHONE OF CONTACT AT FILER (optional) LINDA DUNCAN (402) 352-6062  B. EAVAL CONTACT AT FILER (optional) LINDA DUNCAN (402) 352-6062  B. EAVAL CONTACT AT FILER (optional) LINDA DUNCAN (402) 352-6062  B. EAVAL CONTACT AT FILER (optional) LINDA DUNCAN (402) 352-6062  B. EAVAL CONTACT AT FILER (optional) LINDA DUNCAN (402) 352-6062  B. EAVAL CONTACT AT FILER (optional) LINDA DUNCAN (402) 352-6062  B. EAVAL CONTACT AT FILER (optional) LINDA DUNCAN (402) 352-6062  B. EAVAL CONTACT AT FILER (optional) LINDA DUNCAN EXPERTANCE (optional) LINDA DUNCAN EXPERTANCE (FILER AND CONTACT AT FILER (optional) LINDA DUNCAN EXPERTANCE (FILER AND CONTACT AT FILER (optional) LINDA DUNCAN EXPERTANCE (FILER AND CONTACT AT FILER (optional) LINDA DUNCAN EXPERTANCE (FILER AND CONTACT AT FILER (optional) LINDA DUNCAN EXPERTANCE (FILER AND CONTACT AT FILER (optional) LINDA DUNCAN EXPERTANCE (FILER AND CONTACT AT FILER (optional) LINDA DUNCAN EXPERTANCE (FILER AND CONTACT AT FILER (optional) LINDA DUNCAN EXPERTANCE (FILER AND CONTACT AT FILER (optional) LINDA DUNCAN EXPERTANCE (FILER AND CONTACT AT FILER (optional) LINDA DUNCAN EXPERTANCE (FILER AND CONTACT AT FILER (optional) LINDA DUNCAN EXPERTANCE (FILER AND CONTACT AT FILER (optional) LINDA DUNCAN EXPERTANCE (FILER AND CONTACT AT FILER AND CONTACT AT FILER (FILER AND CONTACT AT FILER (FILER AND CONTACT AT FILER AND CONTACT AT FILER (FILER AND CONTACT AT FILER AND CONTACT AT FILER (FILER AND CONTACT AT FILER AND CONTACT AND C							
FOLLOW INSTRUCTIONS  A NAME & PRIOR OF CONTACT AT FILER (registrant)  LINDA DUNCAN (402) 952-6062  B. EMAL CONTACT AT FILER (registrant)  IIII and Author AT FILER (registrant)  G. SEND ACKNOWEDDEMENT TO. (Name and Address)  GREAT WESTERN BANK 9290 WEST DODGE ROAD, SUITE 401  OMAHA, NE 68114  LINDA GREAT WESTERN BANK 9290 WEST DODGE ROAD, SUITE 401  OMAHA, NE 68114  LINDA GREAT WESTERN BANK 9290 WEST DODGE ROAD, SUITE 401  OMAHA, NE 68114  LINDA GREAT (Federiceness of the Financing Statement Identified above is terministic of the Top partial systems of the Financing Statement Identified above is terministic of the Top partial systems of the Financing Statement Identified above is terministic of the Top partial systems of the Financing Statement Identified above is terministic of the Financing Statement Identified above is terministic of the Additional partial partia							
FOLLOW INSTRUCTIONS  A NAME & PRIOR OF CONTACT AT FILE Registronal)  LINDA DUNCAN (402) 952-6602  B. EMAL CONTACT AT FILE Registronal)  IIII INDA DUNCAN (402) 952-6602  B. EMAL CONTACT AT FILE REGIstronal)  IIII INDA DUNCAN (402) 952-6602  B. EMAL CONTACT AT FILE REGIstronal  C. SEND ACKNOWED COME DOWN TO. (Name and Address)  GREAT WESTERN BANK 9290 WEST DODGE ROAD, SUITE 401  OMAHA, NE 68114  LINDA GREAT WESTERN BANK 9290 WEST DODGE ROAD, SUITE 401  OMAHA, NE 68114  LINDA GREAT WESTERN BANK 9290 WEST DODGE ROAD, SUITE 401  OMAHA, NE 68114  LINDA GREAT REGISTRONAL FIRE REGISTRO							
A MARE & PROME OF CONTACT AT FILER (optional)  LINDA DUNCAN (402) 925-9662  B. EMIL CONTACT AT FILER (optional)  India Aduncan (a)great western bank.com  C. SEND AGRICOWILE DOBLETT (C.) (tume and Address)  GREAT WESTERN BANK 9290 WEST DODGE ROAD, SUITE 401  OMAHA, NE 68114  L. STRINATION Estechaness of the Financing Statement Identified above is terminated with respect to the security Interest(s) of Secured Party authorizing this Termination Statement and Party of record Continued to the distinoir prote provided y applicable have continued to the distinoir prote provided y applicable have continued to the distinoir prote provided by applicable have continued to the distinoir prote provided by applicable have continued to the distinoir prote provided by applicable have continued to the distinoir prote provided by applicable have continued to the distinoir prote provided by applicable have continued to the distinoir prote provided by applicable have continued to the distinoir prote provided by applicable have continued to the distinoir prote provided by applicable have continued to the distinoir prote provided by applicable have continued to the distinoir prote provided by applicable have continued to the distinoir prote provided by applicable have continued to the distinoir prote protein by applicable have continued to the distinoir prote protein by applicable have continued to the distinoir prote protein by applicable have continued to the distinoir protein protein by applicable have continued to the distinoir protein protein by applicable have continued to the distinoir protein protein by applicable have continued to the distinoir protein protein by applicable have continued to the distinoir protein by applicable have applicable and the protein protein by applicable have applicable and the protein protein by applicable have applicable and the protein protein protein by applicable have applicable and the protein prot			DMENT				
LINDA DUNCAM (402) 952-6602 B. EMAL CONTACT AT FILER (1900an) Ilinda, duncan@greatwesternbank.com C. SEND ACKNOW ECOMETY TO. (stems and Address)  GREAT WESTERN BANK 9290 WEST DODGE ROAD, SUITE 401 OMAHA, NE 68114  LI. INTIAL FRANCING STATEMENT FILE NUMBER 2013/13713  LI. INTIAL FRANCING STATEMENT FILE NUMBER 2013/13713  LI. INTIAL FRANCING STATEMENT FILE NUMBER 2013/13713  LI. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  13. INTIAL FRANCING STATEMENT FILE NUMBER 2013/13713  LI. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  14. INTIAL FRANCING STATEMENT PRESCRIPTION OFFICE USE ONLY  15. INTIAL FRANCING STATEMENT PRESCRIPTION OFFICE USE ONLY  16. INTIAL FRANCING STATEMENT PRESCRIPTION OFFICE USE ONLY  17. INTIAL PROVINCING STATEMENT PRESCRIPTION OFFICE USE ONLY  18. INTIAL FRANCING STATEMENT PRESCRIPTION OFFICE USE ONLY  19. INTIAL PROVINCING STATEMENT PRESCRIPTION OFFI OFFI OFFI OFFI OFFI OFFI OFFI O				<del>-</del>			
India duncan@greatwesternbank.com	LINDA DUNCAI	N (402) 952-6062					
C. SEND ACKNOW, EDOMENT TO: (Name and Address)  GREAT WESTERN BANK  3290 WEST DODGE ROAD, SUITE 401  OMAHA, NE 68114  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. NATAL FINANCING STATEMENT FILE NUMBER  2013 3113713  1b.							
2919 WEST DODGE ROAD, SUITE 401 OMAHA, NE 68114							
10.   The Financines STATEMENT File NUMBER 20.   30.13.13.71.3  10.   The Financines STATEMENT File Number 20.   The Minancines of the Financing Statement Identified above is terminated with respect to the security interest(s) of Secured Party subnotring has Termination Statement 3.   ASSIGNMENT (full or partials): Provide name of Assignor in item 75 or 75, and address of Assignor in item 75 or partial assignment, complete items 2 and 9 and also indicate affected collaboration in tem 75 or partial assignment, complete items 2 and 9 and also indicate affected collaborate in item 8    ASSIGNMENT (full or partials): Provide name of Assignor in item 75 or 75, and address of Assignor in item 75 or partial assignment, complete items 2 and 9 and also indicate affected collaborate in item 8    ASSIGNMENT (full or partials): Provide or 3 pagin also indicate affected collaborate in item 8    ASSIGNMENT (full or partials): Provide or 3 pagin also indicate affected collaborate in item 8    ASSIGNMENT (full or partials): Provide or 3 pagin also indicate affected collaborate in item 8    ASSIGNMENT (full or partials): Provide or 3 pagin and 3 pagin also indicate affected collaborate in item 8    ASSIGNMENT (full or partials): Provide or 3 pagin and 3 pagin also indicate affected collaborate in item 8    ASSIGNMENT (full or partials): Provide or 3 pagin and a pagin a	9290 WEST D	ODGE ROAD, SUITE 401	_	7			
10.   The Financino STATEMENT File Number 20.   30.13.13.71.3    Termination in the Real ESTATE RECORD is forced for recorded in the Real ESTATE RECORD IN THE RESTATE RECORD IN THE RESTA	<u> </u>		_	THE ABOVE	SPACE IS FO	R FILING OFFICE US	E ONLY
State   Amendment Advances   Frame   Total		TEMENT FILE NUMBER		1b. This FINANCING ST	TATEMENT AME	NDMENT is to be filed [	
3. ASSIGNMENT (full or partial): Provide name of Assignee in Item 7 a or 7b, and address of Assignee in Item 7 be partial assignment, complete items 7 and 9 and also indicate affected doctletand in Item 6  4. CONTINUATION: Effectiveness of the Financial Statement Isems 6  5. CONTINUATION: Effectiveness of the Financial Statement Isems 6  6. CONTINUATION: Effectiveness of the Financial Statement Isems 6  6. CONTINUATION: Complete Items 6  6. CONTINUATION: Complete Items 6  6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only again the 6 or 7b again the	2. TERMINATION: Eff	ectiveness of the Financing Statement is	dentified above is terminat	Filer: attach Amendme	ent Addendum (For	m UCC3Ad) <u>and</u> provide De	
For purtial assignment, complete items 7 and 9 gad also indicate affected colleteral in item 8  1. CONTHIUATION: Effectiveness of the Financing Statement Isonotified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable for continued for the additional period provided by applicable for continued for the additional period provided by applicable for continued for the additional period provided by applicable for continued for the additional period provided by applicable for continued for the additional period provided by applicable for continued for the additional period provided by applicable for continued for the additional period provided by applicable for continued for the additional period period for the additional period for the additi						In Ham 6	
Scientificate for the additional period provided by applicable law  5. PARTY INFORMATION CHANGE:  Check gag of these two boxes:  This Change affects   Secured Party of record   Secured Party Information Change - provide only gag name (8a or 6b)  6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only gag name (8a or 6b)  6. RORANIZATIONS NAME  OR  7. CHANGED OR ADDED INFORMATION: Complete for Party Information Change - provide only gag name (8a or 7b) (see east, 5d name, 5c not only, notify, or abbreviate any part of the Debter's name)  7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Party Information Change - provide only gag name (7a or 7b) (see east, 5d name, 5c not one), or abbreviate any part of the Debter's name)  7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Party Information Change - provide only gag name (7a or 7b) (see east, 5d name, 5c not one), or abbreviate any part of the Debter's name)  7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Party Information Change - provide only gag name (7a or 7b) (see east, 5d name, 5c not one), or abbreviate any part of the Debter's name)  7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Party Information Change - provide only gag name (7a or 7b) (see east, 5d name, 5c not one), or abbreviate any part of the Debter's name)  8. COLLATERAL CHANGE: Alag check gag of these four boxes:   ADD collateral   DELETE collateral   RESTATE covered collateral   ASSIGN collateral Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gag name (8e or 6b) (seeme of Assignor, if this is an Assignment)  10. COLLATERAL CHANGE: Alag check gag of these four boxes   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX  10. OPTIONAL FILER REFERENCE DATA:  FIRST PERSONAL NAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX  10. OPTIONAL FILER R					ame of Assignor	in item 9	
Check gag of these two boxes:  AND Check gag of these bires boxes to:  Change affects   Debtor or   Secured Perty of record   Identified on the Change affects   Complete Bern   Debtor or   Debtor or   Secured Perty of record   Identified on the Change and of both gag name (8a or 5b)    CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only gag name (8a or 5b)    Bo. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX    To. CHANGED OR ADDED INFORMATION: Complete for Party Information Change - provide only gag name (7a or 7b) (rase exact, full name, do not ornit, modify, or abbrevious any part of the Debtor's name)    To. CHANGED OR ADDED INFORMATION: Complete for Party Information Change - provide only gag name (7a or 7b) (rase exact, full name, do not ornit, modify, or abbrevious any part of the Debtor's name)    To. INDIVIDUAL'S SURNAME   INDIVIDUAL'S SURNAME   INDIVIDUAL'S SURNAME   INDIVIDUAL'S FIRST PERSONAL NAME   INDIVIDUAL'S FIRST PERSONAL NAME   INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX    To. CHANGED OR ADDED INFORMATION: Complete for Party Information Change - provide only gag name (7a or 7b) (rase exact, full name, do not ornit, modify, or abbrevious any part of the Debtor's name)    To. INDIVIDUAL'S SURNAME   STATE   POSTAL CODE   COUNTRY    STATE   POSTAL CODE   COUNTRY    To. CHANGED OR ADDED INFORMATION. NAME   STATE   POSTAL CODE   COUNTRY    To. INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX    To. INDIVIDUAL'S ADDITIONAL NAME abbrevious gag of these four boxes:   ADD collatoral   DELETE collatoral   RESTATE covered collectoral   ASSIGN collatoral Indicate collatoral authorized by a DEBTOR, check here   and provide name of authorizing Debtor    To. CHANGED OR ADDED INFORMATION NAME   STATE   POSTAL CODE   COUNTRY    To. INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX    To. CHANGED OR ADDED INFORMATION NAME   STATE   POSTAL CODE   COUNTRY    To. INDIVIDUAL'S ADDITIONAL NAME   STATE   POSTAL CODE   COUNTRY    To. INDIV				pect to the security interest(s) o	of Secured Party	authorizing this Continu	ation Statement is
This Change allects   Debtor or   Secured Party of record   CHANGE name and/or address: Complete left name. Give record name (and or so its and left not or its and le	5. PARTY INFORMAT		NID Charles and of those than				_
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only agg name (its or 6b) 68. ORGANIZATION'S NAME  OR 6b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only grag name (its or 7b) (ass exact, full name, do not onst, modify, or abbreviate any part of the Debtor's same) 76. ORGANIZATION'S NAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S COLLATERAL CHANGE: Also chock grig of these four boxes: ADD collatoral DELETE collatoral RESTATE covered collatoral ASSIGN collatoral Indicate collisional:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only grag name (its or 9b) (name of Assignor, if this is an Assignment)  10. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only grag name (its or 9b) (name of Assignor, if this is an Assignment)  10. OR GREAT WESTERN BANK  10. OPTIONAL FILER REFERENCE DATA:  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  10. OPTIONAL FILER REFERENCE DATA:  FANTASY'S, INC.			CHANGE name and	/or address: CompleteAD	D name: Comple or 7b, and item 7	te item DELETE nam	e: Give record nam in item 6a or 6b
OR 65. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only grig name (7s or 7b) (use exact, full name; do not omit, modify, or abbreviate sary part of the Debtor's name)  76. INDIVIDUAL'S SURNAME   INDIVIDUAL'S FIRST PERSONAL NAME   INDIVIDUAL'S FIRST PERSONAL NAME   INDIVIDUAL'S FIRST PERSONAL NAME   INDIVIDUAL'S FIRST PERSONAL NAME   INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX  76. MAILING ADDRESS   CITY   STATE   POSTAL CODE   COUNTRY    8. COLLATERAL CHANGE: Also check grig of these four boxos: ADD collateral   DELETE collatoral   RESTATE covered collateral   ASSIGN collateral Indicate collateral authorizate by a DEBTOR, check here   and provide name of authorizing Debtor    78. OR GANZATION'S NAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX    79. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only grig name (9a or 9b) (name of Assignor, if this is an Assignment)    79. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX    79. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX    79. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX    79. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX    79. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX    79. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX    79. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX    79. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX    79. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX    79. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX    79. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INI	6. CURRENT RECORD II	NFORMATION: Complete for Party Info					
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Party Information Change - provide only and name (7s or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)  7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Party Information Change - provide only and name (7s or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)  7. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  9. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  9. COLLATERAL CHANGE: Also check and of these four boxes: ADD collateral  Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only and name (9e or 9b) (name of Assignor, if this is an Assignment)  10. CREAT WESTERN BANK  GREAT WESTERN BANK  GREAT WESTERN BANK  10. International Association of Commercial Administrators (IAC)  International Association of Commercial Administrators (IAC)	68. URGANIZATION'S N	- ME					
OR 75. INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  8. COLLATERAL CHANGE: Also check gag of these four boxes: ADD collateral  Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gas name (8e or 9b) (name of Assignor, if this is an Assignment)  19. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gas name (8e or 9b) (name of Assignor, if this is an Assignment)  19. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gas name (8e or 9b) (name of Assignor, if this is an Assignment)  19. RESTATE covered collateral  ASSIGN collateral  10. PROVIDENT SAME  GREAT WESTERN BANK  10. INDIVIDUAL'S SURNAME  INDIVIDUAL'S CONTROLL AND INDIVIDUAL'S SURNAME  INDIVIDUAL'S CONTROLL AND INDIVIDUAL'S SURNAME  INDIVIDUAL'S CONTROLL AND INDIVIDUAL'S CON	6b. INDIVIDUAL'S SURN	AME	FIRST PER	SONAL NAME	ADDITIŌ	NAL NAME(S)/INITIAL(S)	SUFFIX
OR 75. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  7c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral  Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME  GREAT WESTERN BANK  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX			t or Party Information Change - pro	vide only one name (7a or 7b) (use exac	t, full name; do not on	nit, modify, or abbreviate any pa	of the Debtor's name)
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  8. COLLATERAL CHANGE: Also check and of these four boxes: ADD collateral  Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only and name (9e or 9b) (name of Assignor, if this is an Assignment)  If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATIONS NAME  GREAT WESTERN BANK  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  International Association of Commercial Administrators (IACC)		AME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME  GREAT WESTERN BANK  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  10. OPTIONAL FILER REFERENCE DATA:  FANTASY'S, INC.	7b. INDIVIDUAL'S SURN	AME					
7c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral Assign collateral Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME  GREAT WESTERN BANK  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  10. OPTIONAL FILER REFERENCE DATA: FANTASY'S, INC.	INDIVIDUAL'S FIRST	PERSONAL NAME		<del></del>			
7c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral:  9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME  GREAT WESTERN BANK  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  10. OPTIONAL FILER REFERENCE DATA: FANTASY'S, INC.	INDIVIDUAL'S ADDIT	FIONAL MANERS/INITIAL /CV					ISHEEIY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME  GREAT WESTERN BANK  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  10. OPTIONAL FILER REFERENCE DATA: FANTASY'S, INC.	INDIVIDUAL S ADDIT	TOTAL NAME(S)MNITIAL(S)					SUPPL
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME  GREAT WESTERN BANK  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  10. OPTIONAL FILER REFERENCE DATA: FANTASY'S, INC.	7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME  GREAT WESTERN BANK  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  10. OPTIONAL FILER REFERENCE DATA: FANTASY'S, INC.	8. COLLATERAL CHA	NGE: Also check one of these four box	es: ADD collateral	DELETE collateral	RESTATE O	covered collateral	ASSIGN collater
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor    Sa. ORGANIZATION'S NAME   GREAT WESTERN BANK     Sb. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX     10. OPTIONAL FILER REFERENCE DATA: FANTASY'S, INC.   International Association of Commercial Administrators (IACC)			<b></b>				-
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor    Sa. ORGANIZATION'S NAME   GREAT WESTERN BANK     Sb. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX     10. OPTIONAL FILER REFERENCE DATA: FANTASY'S, INC.   International Association of Commercial Administrators (IACC)							
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME  GREAT WESTERN BANK  9b. INDIVIDUAL'S SURNAME  10. OPTIONAL FILER REFERENCE DATA:  FANTASY'S, INC.  International Association of Commercial Administrators (IACC)							
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor    Sa. ORGANIZATION'S NAME   GREAT WESTERN BANK     Sh. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX     10. OPTIONAL FILER REFERENCE DATA: FANTASY'S, INC.							
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor    Sa. ORGANIZATION'S NAME   GREAT WESTERN BANK     Sh. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX     10. OPTIONAL FILER REFERENCE DATA: FANTASY'S, INC.   International Association of Commercial Administrators (IACC)							
GREAT WESTERN BANK  GB. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  10. OPTIONAL FILER REFERENCE DATA: FANTASY'S, INC.	If this is an Amendment au	ithorized by a DEBTOR, check here			9b) (name of As	signor, if this is an Assign	ement)
OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  10. OPTIONAL FILER REFERENCE DATA: FANTASY'S, INC.	GREAT WE						
FANTASY'S, INC.	00		FIRST PER	SONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S	SUFFIX
FANTASY'S, INC.	10. OPTIONAL FILER REI	FERENCE DATA:					
International Association of Commercial Administrators (IAC)							
FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)	FILING OFFICE COPY -	- UCC FINANCING STATEMENT	FAMENDMENT (Form	International UCC3) (Rev. 04/20/11)	Association of	of Commercial Admi	nistrators (IAC/

Inst. # 2018073657, Pages: 2 of 2

	NITIAL FINANCING STATEMENT FILE NUMBER: Same as 113113713	Item 1a on Amendment form		
2. 1	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Sam	e as item 9 on Amendment form		
	12a ORGANIZATION'S NAME GREAT WESTERN BANK			
R	12b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
ĺ	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
	Name of DEBTOR on related financing statement (Name of a one Debtor name (13e or 13b) (use exact, full name; do not omit, mo	current Debtor of record required for indexing		
	FANTASY'S, INC.			
DR.	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

15. This FINANCING STATEMENT AMENDMENT:  ☐ covers timber to be cut ☐ covers as-extracted colleteral ☑ is filed as a fixture filing  16. Name and address of a RECORD OWNER of real estate described in item 17  (if Debtor does not have a record interest):	17. Description of real estate:  LOT 1, THE SHOPPES AT LORETO, AN ADDITION  TO THE CITY OF OMAHA, IN DOUGLAS COUNTY,  NEBRASKA
	NEDRASKA
18. MISCELLANEOUS:	

International Association of Commercial Administrators (IACA)
FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT ADDENDUM (Form UCC3Ad) (Rev. 04/20/11)