COUNTER C.E. M
VERIFY D.E M
PROOF

FEES \$ 0.50
CHECK# 1485088
CHG CASH CREDIT
SHORT NCR

FILED SARPY COUNTY NEBRASKA INSTRUMENT NUMBER

2015-13832

06/15/2015 9 07 48 AM

REGISTER OF DEEDS

THIS PAGE ADDED FOR RECORDING INFORMATION.

DOCUMENT STARTS ON NEXT PAGE.

LLOYD J. DOWDING

SARPY COUNTY REGISTER OF DEEDS Steven J. Stastny, Deputy 1210 GOLDEN GATE DRIVE, # 1230 PAPILLION, NE 68046-2842 402-593-5773

/ \	
1	١

	NAME & PHONE OF CONTACT AT FILER (optional)		7		
	Corporation Service Company 1-800-858-	-5294 	_		
	E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo com				
	SEND ACKNOWLEDGMENT TO (Name and Address)				
Γ	100618841 - 339860				
	Corporation Service Company	·			
	801 Adlaı Stevenson Drive Springfield, IL 62703	Filed In Nebraska			
ı	opinignoid, 12 oz. 00	(Sarpy)			
	-			E IS FOR FILING OFFICE US	
	NITIAL FINANCING STATEMENT FILE NUMBER 05-40081 10/31/2005		1b This FINANCING STATEME (or recorded) in the REAL E Filer <u>attach</u> Amendment Adde	ENT AMENDMENT IS TO BE TILED [T ESTATE RECORDS ndum (Form UCC3Ad) <u>and</u> provide De	
2 [TERMINATION Effectiveness of the Financing Statement identifications and statement	entified above is terminated	with respect to the security interesti	(s) of Secured Party authorizing th	nis Termination
3 [ASSIGNMENT (full or partial) Provide name of Assignee in it For partial assignment, complete items 7 and 9 and also indicate			Assignor in item 9	
4 🗸	CONTINUATION Effectiveness of the Financing Statement continued for the additional period provided by applicable law	identified above with respec	ct to the security interest(s) of Secur	red Party authorizing this Continua	ation Statement is
			 		
_	☐ PARTY INFORMATION CHANGE Party Information Change Ani	Check one of these three			
	ns Change affects Debtor or Secured Party of record	CHANGE name and/or item 6a or 6b, and item		e Complete item DELETE nam ind item 7c DELETE nam to be deleted	e Give record nami in item 6a or 6b
	URRENT RECORD INFORMATION Complete for Party Information	mation Change - provide only	y one name (6a or 6b)		
	6a ORGANIZATION'S NAMEWDD, Inc				
OR	6b INDIVIDUALS SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7 (WANCED OR ADDED INFORMATION Complete for Assignment of	r Party Information Change - provid	e only one name (7a or 7h) (use exact, full nam	ne do not omit modify or abbreviate any pa	nt of the Debtor's name)
7 (CHANGED OR ADDED INFORMATION Complete for Assignment of Assignment of Assignment of Organization's Name	r Party Information Change - provid	e only <u>one</u> name (7a or 7b) (use exact full nam	ne do not omit modify or abbreviate any pa	int of the Debtor's name)
	7a ORGANIZATION S NAME	r Party Information Change - provid	e only <u>one</u> name (7a or 7b) (use exact full nam	ne do not omat modify or abbreviate any pa	nt of the Debtor's name)
7 (r Party Information Change - provid	e only <u>one</u> name (7a or 7b) (use exact fu ll nam	ne do not omit modify or abbreviate any pa	nt of the Debtor's name)
	7a ORGANIZATION S NAME	r Party Information Change - provid	e only <u>one</u> name (7a or 7b) (use exact fu ll nam	ne do not omit modify or abbreviate any pa	nt of the Debtor's name)
	7a ORGANIZATION'S NAME 7b INDIVIDUAL'S SURNAME	r Party Information Change - provid	e only <u>one</u> name (7a or 7b) (use exact fu ll nam	ne do not omit modify or abbreviate any pa	nt of the Debtor's name)
	7a ORGANIZATION'S NAME 7b INDIVIDUAL'S SURNAME	r Party Information Change - provid	e only <u>one</u> name (7a or 7b) (use exact f ull nam	ne do not omit modify or abbreviate any pa	suffix
OR	7a ORGANIZATION S NAME 7b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		e only <u>one</u> name (7a or 7b) (use exact fu ll nam		SUFFIX
)R	7a ORGANIZATION'S NAME 7b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	r Party Information Change - provid	e only <u>one</u> name (7a or 7b) (use exact fu ll nam	STATE POSTAL CODE	
OR 7c	7a ORGANIZATION'S NAME 7b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS	CITY		STATE POSTAL CODE	SUFFIX
C	7a ORGANIZATION'S NAME 7b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE Also check one of these four boxe	CITY			SUFFIX
C	7a ORGANIZATION'S NAME 7b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS	CITY		STATE POSTAL CODE	SUFFIX
C C	7a ORGANIZATION'S NAME 7b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE Also check one of these four boxe	CITY		STATE POSTAL CODE	SUFFIX
OR 7c	7a ORGANIZATION'S NAME 7b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE Also check one of these four boxe	CITY		STATE POSTAL CODE	SUFFIX
OR.	7a ORGANIZATION'S NAME 7b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE Also check one of these four boxe	CITY		STATE POSTAL CODE	SUFFIX
OR 7c	7a ORGANIZATION'S NAME 7b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE Also check one of these four boxe	CITY		STATE POSTAL CODE	SUFFIX
7c	7a ORGANIZATION'S NAME 7b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE Also check one of these four boxe Indicate collateral	CITY s	DELETE collateral R	STATE POSTAL CODE ESTATE covered collateral	SUFFIX COUNTRY ASSIGN collater
7c 8 [7a ORGANIZATION'S NAME 7b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE Also check one of these four boxe indicate collateral	CITY s	DELETE collateral RI	STATE POSTAL CODE ESTATE covered collateral	SUFFIX COUNTRY ASSIGN collater
7c 8 [7a ORGANIZATION'S NAME 7b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE Also check one of these four boxe indicate collateral NAME OF SECURED PARTY OF RECORD AUTHORIZI If this is an Amendment authonized by a DEBTOR, check here	CITY s ADD collateral NG THIS AMENDMENT and provide name of author	DELETE collateral RI	STATE POSTAL CODE ESTATE covered collateral	SUFFIX COUNTRY ASSIGN collater
OR 7c 8 [76 INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE Also check one of these four boxe Indicate collateral NAME OF SECURED PARTY OF RECORD AUTHORIZI If this is an Amendment authonzed by a DEBTOR, check here	CITY s ADD collateral NG THIS AMENDMENT and provide name of author	DELETE collateral Ri Provide only <u>one</u> name (9a or 9b) (no sizing Debtor	STATE POSTAL CODE ESTATE covered collateral	SUFFIX COUNTRY ASSIGN collater

IAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 12a ORGANIZATION'S NAME FIRST National Bank of Omaha 12b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)	on Amendmen	at form			
First National Bank of Omaha 12b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)		-			
FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)					
ADDITIONAL NAME(S)/INITIAL(S)					
		SUFFIX	THE ABOVE SP	ACE IS FOR FILING OFFICE	USE ONLY
lame of DEBTOR on related financing statement (Name of a current De one Debtor name (13a or 13b) (use exact full name, do not omit, modify or abl	ebtor of record r previate any pai	required for indexing rt of the Debtor's na	purposes only in som	e filing offices - see Instruction iter	
13a ORGANIZATION'S NAME					
13b INDIVIDUALS SURNAME	FIRST PER	SONAL NAME	Al	DDITIONAL NAME(S)/INITIAL(S)	SUFFIX
ADDITIONAL SPACE FOR ITEM 8 (Collateral)					
				`	
This FINANCING STATEMENT AMENDMENT		17 Description	n of real estate	120	
covers timber to be cut covers as-extracted collateral significant	d as a fixture fil	1 4 -1 -1	n of real estate 9845 S 142n	d Street	
covers timber to be cut covers as-extracted collateral in the file of real estate described in item 17 (if Debtor does not have a record interest)	d as a fixture fil	Address	9845 S 142n		Subdivision c
covers timber to be cut covers as-extracted collateral in file. Name and address of a RECORD OWNER of real estate described in item 17	d as a hxture fil	Address Legal L	9845 S 142n	Ridge Business Park S	Subdivision c

18 MISCELLANEOUS