Inst # 2006045119 Thu Sep 07 11:49:45 CDT 2006 iling Fee: \$10.50 Pootso ancaster County, NE Assessor/Register of Deeds Office UCC

NO NO

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UCC FINANCING	STATEMENT	uren ennat mitte enatt menet füll füßt			
FOLLOW INSTRUCTION	IS (front and back) CAREFULLY				
A. NAME & PHONE OF C	ONTACT AT FILER [optional]	,			
Carmen Jensen (4	02) 479-0513				
	MENT TO: (Name and Address)				
TierOne Ba Attn: Credi 1235 N Stre Lincoln, NE	it Administration Dept. et				
1 DEBTOR'S EXACTE	JLL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b		SPACE IS FO	OR FILING OFFICE U	SE ONLY
1a. ORGANIZATION'S N		y-donocabbiovale di donione nerrica			
LOVE BRODE	DTIES I I C				
OR 15. INDIVIDUAL'S LASTN	RIIES, L.L.C.	FIRST NAME	MIDDLE	NAME	SUFFIX
IB. INDIVIDUAL SEAST	aviar_	FIRST NAME	INIDDEE INVINE		GUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
801 South 48th Str	eet	Lincoln	NE	68508	USA
1d. SEE INSTRUCTIONS	ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any		
	ORGANIZATION DEBTOR LLC	Nebraska	1	NONE	
2. ADDITIONAL DEBTO	R'S EXACT FULL LEGAL NAME - insert only one	debtor name (2a or 2b) - do not abbreviate or comb	ine names		
2a. ORGANIZATION'S N				7 77 77 70 70 70	
OR 26. INDIVIDUAL'S LAST	NAMÉ	FIRST NAME	MIDDLE	MIDDLE NAME	
2c. MAILING ADDRESS		" CITY	STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEBTOR		2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any		
2 SECTIBED DARTVS		D) insert only one or only of order			HONE
3a. ORGANIZATION'S N	NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/ AME	r) - maert omy <u>one</u> secured party name (52 of 50)			
TierOne Bank OR 36 INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX
Sp. INDIVIDUAL G ENGI	T WY SERVICES	11.500 / 7.17.111100			1001112
3c, MAILING ADDRESS		СПУ	STATE	POSTAL CODE	COUNTRY
1235 N Street		Lincoln	NE	68508	USA

All of the Debtor's now owned or hereafter acquired assets related to the real estate described in Section 14, including but not limited to inventory, equipment, machinery, vehicles, furniture, fixtures, office and record keeping equipment, parts, tools and supplies, building materials, accounts and other rights to payment, all rents, issues and profits, instruments and chattel paper, including but not limited to negotiable instruments, promissory notes, and tangible and electronic chattel paper, general intangibles, including but not limited to tax refunds, trade marks, trade names, customer lists, payment intangibles, computer programs and all supporting information, documents investment property, letter of credit rights, and all commercial tort claims; together with all parts, accessories, repairs, replacements, improvements and accessions; and all products and proceeds of any of the foregoing.

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNER	E/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-L	JCC FILING
 This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum 	[for record] (or recorded) in	the REAL lif applicable	7. Check to REQ (ADDITIONAL	UEST SEARCH REPO FEEI	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA								
Loan #01-09251140								

mail *

UCC FINANCING		ENT ADDENDUM					
		ON RELATED FINANCING STA	TEMENT	1			
9a. ORGANIZATION'S N	AME	·					
LOVE PROPE]			
9b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10.MISCELLANEOUS:			•				
						IS FOR FILING OFFICE	USE ONLY
11. ADDITIONAL DEBTO		L LEGAL NAME - insert only <u>one</u> n	ame (11a or 11b) - do not abbre	viate or combine name	es		
TIA. OKGANIZATIONO	VANC						
OR 11b. INDIVIDUAL'S LAS	TNAME		FIRST NAME	•	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS			СПУ		STATE	POSTAL CODE	COUNTRY
11d. SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION	11e. TYPE OF ORGANIZATION	11f, JURISDICTION OF ORGA	NIZATION	11g. OR	SANIZATIONAL ID #, if any	
	DEBTOR		<u> </u>		<u> </u>		NON
12. ADDITIONAL SE		'S or Assignor S/P'S	NAME - insert only one name	e (12a or 12b)		···	
OR 12b. INDIVIDUAL'S LAS	TNAME		FIRST NAME		MIDDLE NAME		SUFFIX
12c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
					ļ		
13. This FINANCING STATE collateral, or is filed as a14. Description of real estate	fixture filing.	nber to be cut or as-extracted	16. Additional collateral descri	ription:			
	SION, LINC	IE-HALF OF LOT B, OLN, LANCASTER					
15. Name and address of a lift Debtor does not have		above-described real estate					
			17. Check only if applicable a	nd check <u>only</u> one box	ζ.	***	
			Debtor is a Trust or	Trustee acting with re	spect to p	roperty held in trust or	ecedent's Estat
			18. Check only if applicable a	nd check <u>only</u> one box	4		
			Debtor is a TRANSMITTIN				
			Filed in connection with a			•	
			Filed in connection with a	Dublic Finance Trans-	action o	Machina 30 years	