UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME A PHONE OF CONTACT AT FILER (optional) B. EMAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Addresse) American National Bank 8990 W Dodge Rd Omaha, NE 68114 1. DEBTOR'S NAME: Provise only gos Dates more (1 or 116 (see seat, M. rearre do not one; mostly, or altervible only gos of the Dates's name, it any plant of the about of the foreign of the fo		COUNTER_JS		FI	FILED SARPY CO. NE.		
CHG_SFILE SUBMITTED_AMERICAN NATIONAL BANK A NAME A PHONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional) S. E-MAIL CONTACT AT FILER (optional) S. E-MAIL CONTACT AT FILER (optional) A merican National Bank 899 W Dodge Rd Omaha, WE 68114 1. DESTOR'S NAME: Provise only gas Destor name (% or of 1) size exact, full sease, do not ont, mostly, or absentive ary part of the Destor-same), if any part of the Included Debtor information in lice 10 of the Francisc Statement Additional Fig. 1. DESTOR'S NAME: Provise only gas Destor name (% or of 1) size exact, full sease, do not ont, mostly, or absentive ary part of the Destor-same), if any part of the Included Debtor information in lice 10 of the Francisc Statement Additional Fig. 1. ALL DEVELOPMENT LICE 1. ALL DEVELOPMENT LICE IN STATE POSTAL CODE COUNTY IN STATE POSTAL CODE COUNTY S. TATE ON THE PROVISE ONLY STATE ONLY STATE ON THE PROVISE ONLY STATE ON THE PROVI		VERIFY_JS		INSTRUMENT NUMBER			
CHG_SFILE SUBMITTED_AMERICAN NATIONAL BANK POLICY MISTRUCTIONS A NAME A PHONE OF GONTACT AT FILER (optional) 5. E-MAIL CONTACT AT FILER (optional) 5. E-MAIL CONTACT AT FILER (optional) 6. E-MAIL CONTACT AT FILER (optional) 7. SEND ACKNOWLEDGMENT TO: (Name and Address) American National Bank 8. B990 W Dodge Rd Omaha, NE 68114 1. DEBTOR'S NAME: Provide only goe Dateon name ("se or 10) (see exact, full name on ord one, notify, or abbreviate any year of the Dateon rating; it styp past of the Interviolation in them 10 of the Francing Statement Addresdum ("com UCCLAD") 1. DEBTOR'S NAME: Provide only goe Dateon name ("se or 10) (see exact, full name on not one, notify, or abbreviate any year of the Dateon rating; statement Addresdum ("com UCCLAD") 1. ADDRESSANDAME 1. A	FEES \$ <u>10.5</u>		10.50		2017 2040	1	
SUBMITTED_AMERICAN NATIONAL BANK 2017 Dec 06 10.29:42 A FREGISTER OF DEEDS A NAME A PRIONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional) D. E-MAIL CONTACT AT FILER (optional) A Marerican National Bank 8990 W Dodge Rd Omaha, NE 68114 1. DEBTOR'S NAME: Provise only gas Debtor some (1s or 1t) (are exact full name on out cert, mont), or abbreviate sey part of the Debtor's same), if any part of the Intelligence on your of your October on your of the Intelligence on your of your your your of your your your of your your your your your your your your	[2] 로마, C, 오른 항소통이 소문하는 중 다른 하는 가지 않는 다른 가는 사용		LE		2017-29404		
B. E-MAIL CONTACT AT PILER (optional) 3500333 C. SEND ACKNOWLEDGMENT TO: (Name and Address) American National Bank 8990 W Dodge Rd Omaha, NE 68114 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE	UCC FINANCING STATEMENT SUBMITTE			20	\mathcal{O}_{Ω}		
C. SEND ACKNOWLEDGMENT TO: (Name and Address) American National Bank 8990 W Dodge Rd Omaha, NE 68114 1. DEBTOR'S NAME: Provide only gare Debtor name (1s or 1b) (inex exact, full name, on one; more), or abbreviate say part of the Debtors crame; if any part of the Individual Debtor information in the 10 of the Financing Statement Addresdow; ("oran LOCARD) 18. ROKAMIZATION'S NAME 1. AL DEVELOPMENT LLC 19. ROKAMIZATION'S NAME 2. DEBTOR'S NAME: Provide only gas Debtor name (2s or 2b) (see exact, full name, on ond one), mostly, or abbreviate any part of the Individual Debtor information in Rem 10 of the Financing Statement Addresdow; ("oran LOCARD") 2. DEBTOR'S NAME: Provide only gas Debtor name (2s or 2b) (see exact, full name, on ond one), mostly, or abbreviate any part of the Debtor's harmy. It are part of the Individual Debtor information in Rem 10 of the Financing Statement Addresdow; ("oran LoCARD") 2. DEBTOR'S NAME: Provide only gas Debtor name (2s or 2b) (see exact, full name, on ond one), mostly, or abbreviate any part of the Debtor's harmy. It are part of the Individual Debtor information in Rem 10 of the Financing Statement Additional Color name (2s or 2b) (see exact, full name, on ond one), mostly, or abbreviate any part of the Debtor's harmy. It are part of the Individual Debtor information in Rem 10 of the Financing Statement Additional Color name (2s or 2b) (see exact, full name, on ond one), or about the Debtor's part of Debtor'				(doy J. Dour Iney		
C SEND ACKNOWLEDGMENT TO: (Name and Address) American National Bank 8990 W Dodge Rd Omaha, NE 68114 1. DEBTOR'S NAME: Provise only one Debtor name (1s or 1s) (use exact, full name, do not onlin, motify, or abbreviate any part of the Debtor's name); if any part of the Indebtoral Debtor in International Debtor internation in International Debtor	B. E-MAIL CONTACT AT FILER (optional) 35	?			DEEDS		
American National Bank 8990 W Dodge Rd Omaha, NE 68114 1. DEBTOR'S NAME: Provide only gate Debtor name (1a or 15), (size exact, full name, do not only, nor abbreviate any part of the Debtor's name); I amy part of the Individual Debtor information in item 1 to d the Financing Statement Addendum (From UCC14d) 1a. ORGANIZATION'S NAME 1. AL DEVELOPMENT LC 8. DESTOR'S NAME: Provide only gate Debtor name (2a or 25) (size exact, full name, do not only, norsity, or abbreviate any part of the Debtor's name); any part of the Debtor's name; Addendum (From UCC14d) 1a. DECOMENTAL'S SURNAME 1b. INDIVIDUAL'S SURNAME 1b. INDIVIDUAL'S SURNAME 1c. MALING ADDRESS 1c. DESTOR'S NAME: Provide only gate Debtor name (2a or 25) (size exact, full name, do not only, norsity, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor name vall not fit in line 2b, leave at of item 2 blank, check here and provide the Individual Debtor information in from 10 of the Financing Statement Addendum (From UCC14d) 2a. DEBTOR'S NAME: Provide only gate Debtor name); if any part of the Individual Debtor name, and the Individual Debtor name (2a or 2b) (size exact, full name, do not only, norsity, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor name (2a or 2b) (size exact, full name, do not only, norsity, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor name (2a or 2b) (size exact, full name, do not only, norsity, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor name (2a or 2b) (size exact, full name, do not only name, do not name, do name, do not name, do not name, do not name, do				 			
The Policy Of No. 1 yourset. Provide only gate Debtor name (1s or 18) (usee search, fill name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form IOC1As) and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form IOC1As). 16. DREADTATION'S NAME 16. MAILING ADDRESS 17. The Post Individual Debtor name (2s or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name), if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form IOC1As). 27. DEBTOR'S NAME: Provide only gate Debtor name (2s or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name), if any part of the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form IOC1As). 28. DEBTOR'S NAME: Provide only gate Debtor name (2s or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name), if any part of the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form IOC1As). 29. DEBTOR'S NAME: Provide only gate Debtor name (2s or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name), if any part of the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form IOC1As). 20. DEBTOR'S NAME: Provide only gate Secured Party name (3s or 3b). 30. RORANIZATION'S NAME (2s or 3b) (use exact, full name, do not only name (3s or 3b). 31. SECURED PARTY'S NAME (co NAME or Assigness of A	American National Bank 8990 W Dodge Rd	ŕ					
ADDITIONAL NAME (SynNTTIAL(S) L & L Development LLC To Individual S surname The Past Personal Name	DEBTOR'S NAME: Provide only one Debtor name (1a c	or 1h) (use exact full	THE ABOV	E SPACE IS F	OR FILING OFFICE USE	ONLY	
To MAILING ADDRESS 14803 Frontier Rd Omaha STATE POSTAL CODE USA 2. DEBTOR'S NAME: Provide only gpg Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in item 10 of the Financing Statsment Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME ADDITIONAL NAME(SyINITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTS CITY STATE POSTAL CODE COUNTS 3c. ORGANIZATION'S NAME OTTY ADDITIONAL NAME(SYINITIAL(S) SUFFIX CITY Omaha ADDITIONAL NAME(SYINITIAL(S) SUFFIX CITY Omaha ADDITIONAL NAME(SYINITIAL(S) SUFFIX COUNTR BBOW Dodge Rd ADDITIONAL NAME(SYINITIAL(S) SUFFIX COUNTR COU	1a. ORGANIZATION'S NAME L & L Development LLC	re and provide	The manager best of militarion in term 10 (or the Financing S	tatement Addendum (Form U	ndividual Debtor' CC1Ad)	
14803 Frontier Rd Omaha NE STATE STATE Omaha NE STATE STATE NE STATE STATE STATE Omaha NE STATE NE STATE STATE Omaha NE STATE STATE STATE Omaha NE STATE STATE STATE Omaha NE STATE STATE Omaha NE STATE STATE Omaha NE STATE STATE Omaha NE STATE Omaha Omaha NE STATE Omaha Omaha NE STATE			FIRST PERSONAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX	
Debtors Name Ne Satas-340 USA	· · · · · · · ·		CITY	STATE	STATE POSTAL CODE		
2. DESTOR'S NAME: Provide only gap Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INTIAL(S) SUFFIX 3c. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3c. ORGANIZATION'S NAME American National Bank OR 3c. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME AMerican National Bank OR ADDITIONAL NAME(S)/INTIAL(S) SUFFIX 3c. ORGANIZATION'S NAME American National Bank OR ADDITIONAL NAME(S)/INTIAL(S) SUFFIX SUFFIX CITY Omaha ADDITIONAL NAME(S)/INTIAL(S) SUFFIX SUFFIX ADDITIONAL NAME(S)/INTIAL(S) SUFFIX SUFFIX ADDITIONAL NAME(S)/INTIAL(S) SUFFIX ADDITIONAL NAME(S)/INTIAL(S) SUFFIX SUFFIX The POSTAL CODE COUNTR ADDITIONAL NAME(S)/INTIAL(S) SUFFIX SUFFIX The POSTAL CODE OMAHA ADDITIONAL NAME(S)/INTIAL(S) SUFFIX SUF	14803 Frontier Rd			NE	68138-3840	USA	
3b. INDIVIDUAL'S SURNAME 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS 4c. COLLATERAL: This financing statement covers the following collateral: 3c. Collateral: This financing statement covers the following collateral: 3c. Collateral: This financing statement covers the following collateral: 3c. Collateral: This financing statement covers the following collateral: 3c. Collateral: This financing statement covers the following collateral: 3c. Collateral: This financing statement covers the following collateral: 4c. Collateral: This financing statement covers the following collateral: 4c. Collateral: This financing statement covers the following collateral: 4c. Collateral: This financing statement covers the following collateral: 4c. Collateral: This financing statement covers the following collateral: 4c. Collateral: This financing statement covers the following collateral: 4c. Collateral: This financing statement covers the following collateral: 4c. Collateral: This financing statement covers the following collateral: 4c. Collateral: This financing statement covers the following collateral: 4c. Collateral: This financing statement covers the following collateral: 4c. Collateral: This financing statement covers the following collateral: 4c. Collateral: This financing statement covers the following collateral: 4c. Collateral: This financing administered by a Decedent's Personal Representation of the following collateral: 4c. Collateral: This financing administered by a Decedent's Personal Representation of the following collateral: 4c. Collateral: This financing administered by a Decedent's Personal Representation of the following collateral: 4c. Collateral: This financing administered by a Decedent's Personal Representation of the following collateral: 4c. Collateral: This financing administered by a Decedent's Personal Representation of the following collateral: 4c. Collateral: This fi	3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of Sa. ORGANIZATION'S NAME	of ASSIGNOR SECUT				COUNTRY	
36. MAILING ADDRESS 8990 W Dodge Rd 4. COLLATERAL: This financing statement covers the following collateral: All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relation any of the foregoing; all records of any kind relating to any of the foregoing. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representate Course of the proposition of the Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) 6b. Check only if applicable and check only one box: 6c. Check only if applicable and check only one box: 6c. Check only if applicable and check only one box: 6c. Check only if applicable and check only one box: 6c. Check only if applicable and check only one box: 6c. Check only if applicable and check only one box:	OP						
8990 W Dodge Rd Omaha STATE NE 68114 COUNTR USA 4. COLLATERAL: This financing statement covers the following collateral: All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relative to any of the foregoing; all records of any kind relating to any of the foregoing.	36. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)		
4. COLLATERAL: This financing statement covers the following collateral: All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relative to any of the foregoing; all records of any kind relating to any of the foregoing. 5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representation. 6. Check only if applicable and check only one box: 6. Check only if applicable and check only one box: 6. Check only if applicable and check only one box:					1	COUNTRY	
ia. Check only if applicable and check only one box: 6b. Check only if applicable and check only one box:	All Fixtures; whether any of the foregoing is ow	ned now or sea	uired later; all accessions, additi of the foregoing.	ons, replace	ments, and substitutio	ons relating	
Public-Finance Transaction Manufactured-Home Transaction A Debter is a Transaction Transaction Manufactured-Home Transaction A Debter is a Transaction Manufactured-Home Transacti	ia. Check <u>only</u> if applicable and check <u>only</u> one box:			b. Check only if	applicable and check only on	e box:	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor Consignee/Consignor Seller/Buyer DATA:	7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Le						

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 L & L Development LLC 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: 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: (if Debtor does not have a record interest): Lot 2, Papio Valley I Business Park, an addition to the City of La Vista, as surveyed, platted and recorded in Sarpy County, Nebraska. .

17. MISCELLANEOUS: