OLL A. N	OW INSTRUCTIONS IAME & PHONE OF C END ACKNOWLEDG First Westr	STATEMENT ((front and back) CAREFULLY ONTACT AT FILER [optional] EMENT TO: (Name and Address) roads Bank, Inc. t Dodge Road £ 68118	COUNTER C.E. VERIFY D.E. (PROOF D.E. (PROO	200 St	STRUMENT NO - 11:	398 398 0:506			
_			THE A	ABOVE SPACE IS FO	OR FILING OFFICE L	USE ONLY			
	1a. ORGANIZATION'S N. Eran Industries, Ir								
DR -	1b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE	MIDDLE NAME				
	AILING ADDRESS 02 S 135th St		CITY Omaha	STATE NE	POSTAL CODE 68138	COUNTRY			
d. T/	AX ID #: SSN OR EIN	ADD'L INFO RE 1e. TYPE OF ORGANIZATION DEBTOR Corporation	TION 11. JURISDICTION OF ORGANIZATION NE	ON 1g. ORG	1g. ORGANIZATIONAL ID #, if any				
c. M	2b. INDIVIDUAL'S LAST	ADD'L INFO RE 2e. TYPE OF ORGANIZAT ORGANIZATION DEBTOR		STATE ON 2g. ORG	2g. ORGANIZATIONAL ID#, if an				
	SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME								
OR -	First Westroads E	•	FIRST NAME	MIDDLE	MIDDLE NAME				
	AILING ADDRESS	pad	CITY Omaha	STATE NE	POSTAL CODE 68118	COUNTRY			
All Gu sul	Inventory, Chattel tter Protection Systitutions relating	stem, whether any of the foregoing	neral Intangibles and Fixtures; with g is owned now or acquired later; a ds of any kind relating to any of the d other accounts proceeds).	II accessions, add	litions, replaceme	nts, and			

2009-11398 A

UCC FINANCING FOLLOW INSTRUCTIONS		ENT ADDENDUM CAREFULLY					
9. NAME OF FIRST DEB	ΓOR (1a or 1b) 0	ON RELATED FINANCING STA	TEMENT]			
9a. ORGANIZATION'S NA							
Eran Industries, In							
9b. INDIVIDUAL'S LAST I	NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS:		<u> </u>	-	ĺ			
				_			
				THE ABOVE S	PACE	IS FOR FILING OFFI	CE USE ONLY
		LL LEGAL NAME - insert only one	debtor name (11a or 11b) - do n	ot abbreviate or combine	names		
11a. ORGANIZATION'S N	IAME						
OR							
116. INDIVIDUAL'S LAST	NAME		FIRST NAME	N	IIDDLE I	NAME	SUFFIX
11c. MAILING ADDRESS			CITY	S	TATE	POSTAL CODE	COUNTRY
11d. TAX ID #; SSN OR EIN	ORGANIZATION	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORG	ANIZATION 1	1g. ORG	BANIZATIONAL ID#, if a	-
12. ADDITIONAL SEC	DEBTOR	L L ASSICMOD S/D'S A	 IAME - insert only one name (12	100			NON
12a. ORGANIZATION'S N		3 of Assignor sit and	IAIVIC - Insert only one name (12	a or 120)			
12a. ONGANIZATIONO I	VAIVIL						
OR 12b. INDIVIDUAL'S LAST	NAME		FIRST NAME	- Ix	IIDDLĘ I	NAME	SUFFIX
120. INDIVIDUAL 5 LAST	NAME		FIRST NAME	ľ	NIDDLE I	NAME	SUFFIX
12c. MAILING ADDRESS			CITY		TATE	POSTAL CODE	COUNTRY
720. MAIEMO ADDREGO				٦		FOSTAL GODE	COCITICI
40							
		ber to be cut or as-extracted	16. Additional collateral desc	ription:			
collateral, or is filed as a 14. Description of real estate:	Tixture tiling.						
•	al Park 2 Re	plat 1, a Subdivision in					
Sarpy County, Nebra		place i, a Cabaltiololi ili					
,,							
45 Name and address of a Dr	-0000 044450 4						
Name and address of a RE (if Debtor does not have a		above-described real estate					
	,						
			17. Check only if applicable a			-	
			Debtor is a Trust or Tr		t to prop	erty held in trust or D	ecedent's Estate
			18. Check only if applicable a				
			Debtor is a TRANSMITTIN			allastica 95	
			12			•	
			Filed in connection with a	~ublic-⊢inance Transacti	on eff	ective for 30 years	