

FILED SARPY COUNTY NEBRASKA  
INSTRUMENT NUMBER

2014-20851

09/18/2014 1 34 55 PM

*Lloyd J. Dowding*

REGISTER OF DEEDS



COUNTER *ah* C.E. *ah*  
VERIFY *ah* D.E. *ah*  
PRCCF *ah*  
FEES \$ *10.50*  
CHECK# *3466*  
CNS CASH  
REFUND CREDIT  
SHORT NCR



**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

A

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional)
B E-MAIL CONTACT AT FILER (optional)
C SEND ACKNOWLEDGMENT TO (Name and Address)  <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <b>First Westroads Bank, Inc.</b>  <b>15750 West Dodge Road</b>  <b>Omaha, NE 68118</b> </div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR'S NAME Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name), if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a ORGANIZATION'S NAME <b>Leafproof Products, LLC</b>				
OR 1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c MAILING ADDRESS <b>8702 S 135th St</b>	CITY <b>Omaha</b>	STATE <b>NE</b>	POSTAL CODE <b>68138</b>	COUNTRY

2 DEBTOR'S NAME Provide only one 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's name will not fit in line 2b, leave all of item 2 blank check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a ORGANIZATION'S NAME				
OR 2b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) Provide only one Secured Party name (3a or 3b)

3a ORGANIZATION'S NAME <b>First Westroads Bank, Inc.</b>				
OR 3b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c MAILING ADDRESS <b>15750 West Dodge Road</b>	CITY <b>Omaha</b>	STATE <b>NE</b>	POSTAL CODE <b>68118</b>	COUNTRY <b>USA</b>

4 COLLATERAL This financing statement covers the following collateral

**All Inventory, Chattel Paper, Accounts, Fixtures, Equipment and General Intangibles, whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing, all proceeds relating to any of the foregoing (including insurance, general intangibles and other accounts proceeds)**

5 Check <u>only</u> if applicable and check <u>only</u> one box Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative					
6a Check <u>only</u> if applicable and check <u>only</u> one box			6b Check <u>only</u> if applicable and check <u>only</u> one box		
<input type="checkbox"/> Public-Finance Transaction	<input type="checkbox"/> Manufactured-Home Transaction	<input type="checkbox"/> A Debtor is a Transmitting Utility	<input type="checkbox"/> Agricultural Lien	<input type="checkbox"/> Non-UCC Filing	
7 ALTERNATIVE DESIGNATION (if applicable) <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor					
8 OPTIONAL FILER REFERENCE DATA					

2014-20851B

**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

Leafproof Products, LLC

OR 9b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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**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

OR 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

**11** ☐ **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** ☒ 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 ☐ is filed as a fixture filing

**15** Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest)

**16** Description of real estate

**Lot 5A, I-80 Industrial Park 2 Replat 1, a subdivision, as surveyed, platted and recorded in Sarpy County, Nebraska .**

**17 MISCELLANEOUS**