FILED SARPY CO. NE. INSTRUMENT NUMBER

2015-31951

FEES \$ 10.50

CHG_SFILE REGISTER OF DEEDS

SUBMITTED AMERICAN NATIONAL BANK

THE ABOVE SPACE IS RESERVED FOR THE REGISTER OF DEEDS RECORDING INFORMATION

350028012

THIS PAGE INCLUDED FOR INDEXING

LLOYD J. DOWDING

SARPY COUNTY REGISTER OF DEEDS STEVEN J. STASTNY, DEPUTY 1210 GOLDEN GATE DRIVE, STE. 1109 PAPILLION, NE 68046-2895 402-593-5773

	CC FINANCING STATEMENT LOW INSTRUCTIONS					
Α. Ι	NAME & PHONE OF CONTACT AT FILER (optional)					
B. I	E-MAIL CONTACT AT FILER (optional)					
С.	SEND ACKNOWLEDGMENT TO: (Name and Address)					
Γ	American National Bank					
	8990 W Dodge Rd Omaha, NE 68114					
			THE ABOVE CD	OF IS FO	AR EU INC OFFICE LISE (NIL V
1. [DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full r	name; do not omit.			PR FILING OFFICE USE O	usinaan aan aan ah
	· · · · · · · · · · · · · · · · · · ·		or information in item 10 of the F			
	Avenue G Property Holdings, LLC					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS 4 E Erie St	CITY Missouri Va	alley	STATE	POSTAL CODE 51555	COUNTRY
2 Г	DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full n	HORBOURS FILE A SHEET		f the Debtor	's name): if any part of the Inc	lividual Debtor's
			or information in item 10 of the F			
	2a. ORGANIZATION'S NAME				ACCOUNTY OF THE PROPERTY OF TH	The second secon
OR		FIRST DEDOCU	AL NIANG	ADDITIO	NIAL NIAME(C) (INITIAL (C)	TOUEFIX
	2b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		SUFFIX
2c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
2 5	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	DED DARTVI: Dr	ovido only one Secured Party na	me (3a or 3	h)	
J. C	3a. ORGANIZATION'S NAME	KEDT AKTT). TR	ovide only one ocoured raity ha	1110 (00 01 0	w)	
0 D	American National Bank					
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
3c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
89	990 W Dodge Rd	Omaha		NE	68114	USA
4. C	COLLATERAL: This financing statement covers the following collateral:			<u>,, , , , , , , , , , , , , , , , , , ,</u>		
AI to	l Fixtures; whether any of the foregoing is owned now or acc any of the foregoing; all records of any kind relating to any	quired later; a	ıll accessions, additions ing.	, replace	ements, and substituti	ons relating
	any or and torogoning, any records a may among to may	g	3 -			
5.0	Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust (see UCC1Ad, item	n 17 and Instructions) bei	ng administe	ered by a Decedent's Persona	l Representative
100000000000000000000000000000000000000	Check only if applicable and check only one box:		**************************************		if applicable and check only o	
to the same	Public-Finance Transaction Manufactured-Home Transaction	A Debtor is	a Transmitting Utility	Agricu	Itural Lien Non-UCC	Filing
_		Consignee/Consig	nor Seller/Buyer	В	ailee/Bailor Licen	see/Licensor
8. 0	OPTIONAL FILER REFERENCE DATA:					

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

	a. ORGANIZATION'S NAME			1						
-	Avenue G Property Holdings, LLC									
R -	Db. INDIVIDUAL'S SURNAME									
	FIRST PERSONAL NAME									
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		THE	AROVE SI	PACE IS	S FOR FILING O	EFICE I	ISE ONLY
	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or o not omit, modify, or abbreviate any part of the Debtor's name) and enter the m			n line						
_	0a. ORGANIZATION'S NAME	idining address	WT MIJO 100			· 				
R-	0b. INDIVIDUAL'S SURNAME									
	INDIVIDUAL'S FIRST PERSONAL NAME									
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