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Received - DIANE L. BATTIATO Register of Deeds, Douglas County, NE 11/13/2012 11:55:01.95

THE ABOVE SPACE IS FOR REGISTER OF DEEDS RECORDING DATA

UCC RECORDING COVER SHEET

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\mathcal{Z}_{PGS}
ATTACHMENTS
LOTS / SECTIONS
LEGAL DESCRIPTION:
(IF NOT CONTAINED IN INSTRUMENT)
Continuation
RETURN TO: JES ATTACKSO.

J. Rec.			
Some Miles			
UCC FINANCING STATEMENT AMENDME	NT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
JENNIFER SAMPSON 402-778-1314			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
FIRST WESTROADS BANK, INC.	i		
15750 WEST DODGE ROAD			
OMAHA, NE 68118			
	ı		
<u> </u>	THE ABOVE SB	ACE IS FOR FILING OFFICE USE (ONI V
1a, INITIAL FINANCING STATEMENT FILE #	THE ABOVE SP	1b. This FINANCING STATEMENT A	
2008023475		to be filed [for record] (or recorded REAL ESTATE RECORDS.	ed) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to security interest(s) of the		Statement,
3. CONTINUATION: Effectiveness of the Financing Statement identified al	bove with respect to security interest(s) of the Secure	d Party authorizing this Continuation State	ement is
continued for the additional period provided by applicable law.			
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	d address of assignee in item 7c; and also give name o	of assignor in item 9,	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check only o	one of these two boxes.	
Also check one of the following three boxes and provide appropriate information in		ADD and Consider the 27 and 76	
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a or 7b, a also complete items 7e-7g (if applicab	ile).
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME	ODAL DADENEDCHID		
OR 66. INDIVIDUAL'S LAST NAME	RAL PAKTNERSHIP IFIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a, ORGANIZATION'S NAME			
OR 75, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. <u>SEE INSTRUCTIONS</u> ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	_
DEBTOR			NON
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	П		
Describe collateral deleted or added, or give entire restated collateral	teral description, or describe collateralassigned		
	·		
9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	MENIOMENT (same of presence if this is an Assignment	noo!) Whice is an Amandmant authorized by	- Debter which
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS All Sadds collateral or adds the authorizing Debtor. or if this is a Termination authorize		nent). If this is an Amendment authorized by BTOR authorizing this Amendment.	y a Debtor which
Padds collateral or adds the authorizing Debtor, or if this is a Termination authorized Ba, ORGANIZATION'S NAME			, a Debtor which
Padds collateral or adds the authorizing Debtor, or if this is a Termination authorized Pa. ORGANIZATION'S NAME			y a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorize			y a Debtor which
Pa. ORGANIZATION'S NAME	ed by a Debtor, check here and enter name of DE	BTOR authorizing this Amendment.	

UCC FINANCING STAT	EMENT AMENDME	ENT ADDENDUM
FOLLOW INSTRUCTIONS (front and	back) CAREFULLY	
11. INITIAL FINANCING STATEMEN	IT FILE # (same as item 1a on Amer	ndment form)
2008023475		
12, NAME OF PARTY AUTHORIZIN	IG THIS AMENDMENT (same as i	item 9 on Amendment form)
12a. ORGANIZATION'S NAME		
FIRST WESTROA	NDS BANK, INC	
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
	1	
13 Use this space for additional info	rmation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

LOT 4, IN MAPLE HEIGHTS OFFICE PARK, AN ADDITION TO THE CITY OF OMAHA, AS SURVEYED, PLATTED AND RECORDED, IN DOUGLAS COUNTY, NEBRASKA