

ME



UCC 2015006616

UCC (cont)
FEE 10⁵⁰ FB OC-38394



JAN 29 2015 09:51 P 3

BKP EXAM BW

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Received - DIANE L. BATTIATO
Register of Deeds, Douglas County, NE
1/29/2015 09:51:14.32



2015006616

THE ABOVE SPACE IS FOR REGISTER OF DEEDS RECORDING DATA

UCC RECORDING COVER SHEET

UCC
3 (cont)
PGS

1 ATTACHMENTS

1 LOTS / SECTIONS

LEGAL DESCRIPTION:

(IF NOT CONTAINED IN INSTRUMENT)

RETURN TO: The Attached Address (UCCDI)

CHECK NUMBER

5868090

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 11268 - WF -BBG-SAN	
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	46572804 NENE FIXTURE

File with: Douglas County Reg. of Deeds, NE

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 2005090216 7/27/2005 CC NE Douglas County Reg. of Deeds	1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13
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2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. PARTY INFORMATION CHANGE:
Check one of these two boxes: Debtor or Secured Party of record **AND** Check one of these three boxes to:
 CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ADD name: Complete item 7a or 7b, and item 7c DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

1st

6a. ORGANIZATION'S NAME Walnut Ridge Family Dental, P.C.				
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME				
OR	7b. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME				SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor

2nd

9a. ORGANIZATION'S NAME Wells Fargo Bank, National Association				
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Walnut Ridge Family Dental, P.C.
46572804 CMG/SBA



UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
2005090216 7/27/2005 CC NE Douglas County Reg. of Deeds

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME Wells Fargo Bank, National Association
OR
12b. INDIVIDUAL'S SURNAME
FIRST PERSONAL NAME
ADDITIONAL NAME(S)/INITIAL(S)
SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME Walnut Ridge Family Dental, P.C.
OR
13b. INDIVIDUAL'S SURNAME
FIRST PERSONAL NAME
ADDITIONAL NAME(S)/INITIAL(S)
SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Debtor Name and Address:

Walnut Ridge Family Dental, P.C. - 3838 N. 168th St. Suite 6, Omaha, NE 68116

Secured Party Name and Address:

Wells Fargo Bank, National Association - 1455 W. Lake Street, Suite 306, Minneapolis, MN 55408

15. This FINANCING STATEMENT AMENDMENT:
 covers timber to be cut covers as-extracted collateral is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest):

The Thomsen Mile Shoppes, L.L.C.
3838 168th Street
Omaha, Nebraska 68116

17. Description of real estate:

The Shoppes at Thomsen Mile, Lot 3, The Thomsen Mile Replat Three,
Douglas County, Nebraska

18. MISCELLANEOUS: 46572804-NE-555 11268 - WF -BBG-SAN ANTONIO- Wells Fargo Bank, National Association File with: Douglas County Reg. of Deeds, NE CMG/SBA