COUNTER LM
VERIFY <u>LM</u>
FEES \$ <u>10.50</u>
CHG SFILE
SURMITTED AMERICAN NATIONAL BANK

FILED SARPY CO. NE. INSTRUMENT NUMBER

2012-33216

2012 Oct 25 09:11:12 AM

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REGISTER OF DEEDS

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

HH178

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

	CHIACIALIE	ER [optional]	v			
SEND ACKNOWLEDG	MENT TO: (Nam	e and Address)				
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Loan Oper 333 West			1			
	uffs, IA 51503	}	4			
1			ll l			
			THE ABOVE S	PACE IS FO	R FILING OFFICE US	E ONLY
		- insert only one debtor name (1a	or 1b) - do not abbreviate or combine names			
1a. ORGANIZATION'S NA						
36th & Cornhusk	_		Leiparville	Luppie	1.1.4.1.4.2.4.	Louisen
1b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS		ere various a	CITY	STATE	POSTAL CODE	COUNT
906 Raynor Parkwa	v Ste 300		Bellevue	NE	68123-6050	USA
SEE INSTRUCTIONS		1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any	10011
	ORGANIZATION DEBTOR	LLC	, NE	1.9	· · · · · · · · · · · · · · · · · · ·	[X
ADDITIONAL DERTO		I EGAL NAME insert only one d	ebtor name (2a or 2b) - do not abbreviate or combir	o names		/ <u>/</u>
2a. ORGANIZATION'S NA		LEGAL IVAIVIE - Insert only one di	estor flame (2a of 2b) - do not abbreviate of combin	ie ilailies		
2b. INDIVIDUAL'S LAST I	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
i						
MAILING ADDRESS	·		CITY	STATE	POSTAL CODE	COUNT
						COUNT
MAILING ADDRESS SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION		POSTAL CODE ANIZATIONAL ID #, if any	COUNT
		2e. TYPE OF ORGANIZATION				COUNT
SEE INSTRUCTIONS SECURED PARTY'S	ORGANIZATION DEBTOR NAME (or NAME of			2g. ÓRG		COUNT
SECURED PARTY'S 3a. ORGANIZATION'S NA	ORGANIZATION DEBTOR NAME (or NAME of		2f. JURISDICTION OF ORGANIZATION	2g. ÓRG		COUNT
SECURED PARTY'S 3a. ORGANIZATION'S NA American Nationa	ORGANIZATION DEBTOR NAME (or NAME of NAME) I Bank		2f. JURISDICTION OF ORGANIZATION	2g. ÓRG	ANIZATIONAL ID #, if any	Г
SECURED PARTY'S 3a. ORGANIZATION'S NA	ORGANIZATION DEBTOR NAME (or NAME of NAME) I Bank		2f. JURISDICTION OF ORGANIZATION S/P) - insert only one secured party name (3a or 3b)	2g. ORG	ANIZATIONAL ID #, if any	Г
SECURED PARTY'S 3a. ORGANIZATION'S NA American Nationa	ORGANIZATION DEBTOR NAME (or NAME of NAME) I Bank		2f. JURISDICTION OF ORGANIZATION S/P) - insert only one secured party name (3a or 3b)	2g. ORG	ANIZATIONAL ID #, if any	SUFFIX
SECURED PARTY'S 3a. ORGANIZATION'S NA American Nationa 3b. INDIVIDUAL'S LAST I	ORGANIZATION DEBTOR NAME (or NAME of NAME of NAME) II Bank NAME		2f. JURISDICTION OF ORGANIZATION S/P) - insert only one secured party name (3a or 3b	2g. ORG	ANIZATIONAL ID #, if any	

	C FINANCING STATEMENTADE LOW INSTRUCTIONS (front and back) CAREFULLY	DENDUM						
	NAME OF FIRST DEBTOR (1a or 1b) ON RELATED	MENT						
Э.	9a. ORGANIZATION'S NAME	1						
	36th & Cornhusker Storage LLC		1					
OR	9b. INDIVIDUAL'S LAST NAME FIRST NAME	E	MIDDLE NAME, SUFFIX					
10.	MISCELLANEOUS:							
				1				
				ļ				
				THE ABOVE	ESBACE	IS FOR FILING OFFI	CE LISE ONLY	
	ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAM	4E incompany and an	(11a ar 11b) da nat abbra	1		IS FOR FILING OFFI	CE OSE ONL!	
11.	11a. ORGANIZATION'S NAME	C - Insert only one hai	me (Traidi Trb) - do not abbre	viate of combine han				
OR	11b. INDIVIDUAL'S LAST NAME	1	FIRST NAME		MIDDLE	NAME	SUFFIX	
11c	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
11d	SEE INSTRUCTIONS ADD'L INFO RE 11e. TYPE OF	ORGANIZATION	11f. JURISDICTION OF ORGA	ANIZATION	11g. OR	SANIZATIONAL ID#, if a	ny	
	ORGANIZATION DEBTOR	1			1		NONE	
12.	ADDITIONAL SECURED PARTY'S or AS	SSIGNOR S/P'S	NAME - insert only one name	e (12a or 12b)				
	12a. ORGANIZATION'S NAME							
OR								
OK	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
					ļ	Incore cons		
12c	MAILING ADDRESS	ľ	CITY		STATE	POSTAL CODE	COUNTRY	
		_	46. Addison Louistana Library					
13.	This FINANCING STATEMENT covers timber to be cut or collateral, or is filed as a fixture filing.	as-extracted	16. Additional collateral descr	ipuori.				
14.	Description of real estate:			e e				
L	ts 1 and 2, in MR. T'S ADDITION, a S	ubdivision as						
SI	rveyed, platted and recorded in Sarpy County	, Nebraska.						
	,							
	`							
45	A DECORPORATE A La describada							
15.	Name and address of a RECORD OWNER of above-described r Debtor does not have a record interest):	eal estate (if						
		}	17. Check only if applicable a	nd check only one ha	Y	****		
			Debtor is a Trust or			pperty held in trust or	Decedent's Estate	
		1				.,,	1	
			18. Check only if applicable and check only one box. Debtor is a TRANSMITTING UTILITY					
		Filed in connection with a Manufactured-Home Transaction						
			Filed in connection with a	Manutactured-Home	ransaction			