	Inst # 2013064405 Mon Dec 30 15 Filing Fee \$10 50 Fancaster County NE Assessor/Pegister of De
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CC FINANCING STATEMENT LLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional)	Filing Fee \$10 50 lancaster County NE Assessor/Peg		Pages 2	
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E-MAIL CONTACT AT FILER (optional)				
E-MAIL CONTACT AT TILLER (optional)				
SEND ACKNOWLEDGMENT TO (Name and Address)	_			
banc-serv PARTNERS, LLC 777 E. Main Street Westfield, IN 46074	1			
L	THE AE	SOVE SPACE IS FO	IR FILING OFFICE USE (ONLY
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 in	dividual Debto
name will not fit in line 1b, teave all of item 1 blank, check here [and brovide the individual Deptor Information in Item	TO OT THE FINANCING ST	stement Addendom (Form Di	JC TAG)
MARTIN GROUP, LLC 1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
IB INDIVIDUAL'S SURNAME	PIRST PERSUNAL NAME	ADDITIO	HAME HAMELOWING HALLOY	SOFFIX
MAILING ADDRESS 00 W. SOUTH STREET	LINCOLN	STATE NE	POSTAL CODE 68522	COUNTRY
DEBTOR'S NAME Provide only one Debtor name (2a or 2b)				
name will not fit in line 2b leave all of item 2 blank, check here	and provide the Individual Debtor information in item			
2a ORGANIZATIONS NAME				
25 INDIVIDUAL S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of AS	SSIGNOR SECURED PARTY) Provide only one Secure	d Party name (3a or 3t))	
3a ORGANIZATIONS NAME GREAT WESTERN BANK & ISA	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
36 INDIVIDUAL S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	(A)TV	DYATE	POSTAL CODE	COUNTRY
MAILING ADDRESS 4545 W. CENTER ROAD	OMAHA	NE	68144	USA
COLLATERAL. This financing statement covers the following co				

5 Check only if applicable and check only one box. Collateral is held in a Trust (see UCC1Ad item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box	6b Check only if applicable and check only one box
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7 ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor Consignee/Consignor Seller/Buy	er Bailee/Bailor Licensee/Licensor
8 OPTIONAL FILER REFERENCE DATA laj/sba	

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 ORGANIZATIONS NAME MARTIN GROUP, LLC 96 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 10c MAILING ADDRESS POSTAL CODE COUNTRY CITY STATE ASSIGNOR SECURED PARTY'S NAME Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME OF 11a ORGANIZATIONS NAME OR 11b INDIVIDUAL'S SURNAME SUFFIX FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) COUNTRY 11c MAILING ADDRESS STATE POSTAL CODE 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 16 Description of real estate (if Debtor does not have a record interest) Lot 16, Block 1, South Street Business Park Addition, Lincoln, Lancaster County, Nebraska. 17 MISCELLANEOUS