|--|

UCC

2008046859



Received - DIANE L. BATTIATO
Register of Deeds, Douglas County, NE
5/12/2008 15:26:49.69

THE ABOVE SPACE IS FOR REGISTER OF DEEDS RECORDING DATA

U C C Recording Cover Sheet

	•
,	

Check Number

V6006538

		1
HOOF	IO OTATI	

Omaha NE 68106 USA IS SEE INSTRUCTIONS OF ACADIZATION DETERMINED TO TYPE OF ORGANIZATION OF O			CAREFULLY				
First Savings Bank Omaha Branch 3540 South 84th St Omaha, NE 68124 DEBTOR'S EXACT FULL LEGAL NAME - Insert only one determinant (is or 1b) - do not abbreviate or combine numes THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME - Insert only one determinant (is or 1b) - do not abbreviate or combine numes To READVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME - Insert only one determinant (is or 1b) - do not abbreviate or combine numes To READVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME - Insert only one determinant (is or 1b) - do not abbreviate or combine numes The REST NAME - Insert only one determinant (is or 1b) - do not abbreviate or combine numes The REST NAME - Insert only one determinant (is or 1b) - do not abbreviate or combine numes The REST NAME - Insert only one determinant (is or 1b) - do not abbreviate or combine numes The REST NAME - Insert only one determinant (is or is insert only one secured party name (is or is) The REST NAME - Insert only one secured party name (is or is) The REST NAME - Insert only one secured party name (is or is) The REST NAME - Insert only one secured party name (is or is) The REST NAME - Insert only one secured party name (is or is) The REST NAME - Insert only one secured party name (is or is) The REST NAME - Insert only one secured party name (is or is) The REST NAME - Insert only one secured party name (is or is) The REST NAME - Insert only one secured party name (is or is) The REST NAME - Insert only one secured party name (is or is) The REST NAME - Insert only one secured party name (is or is) The REST NAME - Insert only one secured party name (is or is) The REST NAME - Insert only one secured party name (is or is) The REST NAME - Insert only one secured party name (is or is) The REST NAME - Insert only one secured party name (is or is) The REST NAME - Insert only one secured party name (is or is) The REST NAME - Insert only one secured party name (is or is) The REST			.ER [optional]				
First Savings Bank Omaha Branch 3540 South 84th St Omaha, NE 68124 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME - insort only one debtor name (1s or 1s) - do not abbreviate or combine names THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME - insort only one debtor name (1s or 1s) - do not abbreviate or combine names THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME - insort only one debtor name (1s or 1s) - do not abbreviate or combine names INDUITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2s or 2s) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2s or 2s) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2s or 2s) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2s or 2s) - do not abbreviate or combine names THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DORGANIZATION NAME: THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DORGANIZATION 1g - ORGANIZATION 1g - ORGANI							
Omaha Branch 3344 South 84th St Omaha, NE 68124 DEBTOR'S EXACT FULL LEGAL NAME - Insent only one deleter name (1x or 1s) - do not abbreviate or combine names THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME - Insent only one deleter name (1x or 1s) - do not abbreviate or combine names TOWN	i. SEND ACKNOWLE	OGMENT TO: (Nam	ne and Address)	ĺ			
Omaha Branch 3344 South 84th St Omaha, NE 68124 DEBTOR'S EXACT FULL LEGAL NAME - Insent only one deleter name (1x or 1s) - do not abbreviate or combine names THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME - Insent only one deleter name (1x or 1s) - do not abbreviate or combine names TOWN	Γ_			7			
DEBTOR'S EXACT FULL LEGAL NAME - insort only one debtor name (fulor 1b) - do not abbreviate or combine names THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME - insort only one debtor name (fulor 1b) - do not abbreviate or combine names Table (STAN AME) The ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME - insort only one debtor name (fulor 1b) - do not abbreviate or combine names The ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME - insort only one debtor name (fulor 1b) - do not abbreviate or combine names THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME - insort only one debtor name (fulor name (fulor name (fulor name (fulor name))) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME - insort only one debtor name (fulor name) TO ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME - insort only one debtor name (fulor name) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME - insort only one debtor name (fulor name) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME - insort only one debtor name (fulor name) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR NAME - INSORTING OFFICE USE ONLY NE BRIDGE OF ORGANIZATION 13 ORGANIZATION 13 ORGANIZATION 13 ORGANIZATION 14 ORGANIZATION 14 ORGANIZATION 15 ORGAN				t e			
DEBTOR'S EXACT FULL LEGAL NAME - insurt only one debtor name (flu or 1b) - do not abbreviate or combine names THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	_			Į.			
DEBTOR'S EXACT FULL LEGAL NAME - insert only one delator name (1s or 1b) - do not abbreviate or combine names [15 ORGANIZATIONS NAME] [16 INDIVIDUAL'S LAST NAME] [17 ORGANIZATIONS NAME] [18 TO INDIVIDUAL'S LAST NAME] [19 ORGANIZATIONS NAME] [10 TYPE OF ORGANIZATION ORGANIZAT							
DEBTOR'S EXACT FULL LEGAL NAME - insert only one delator name (1s or 1b) - do not abbreviate or combine names [15 ORGANIZATIONS NAME] [16 INDIVIDUA'S LAST NAME] [17 ORGANIZATIONS NAME] [18 INDIVIDUA'S LAST NAME] [19 ORGANIZATIONS NAME] [10 TYPE OF ORGANIZATION [10 TYPE OF ORGANIZATION [10 TYPE OF ORGANIZATION [10 TYPE OF ORGANIZATION [11 UNISDICTION OF ORGANIZATION [12 ORGANIZATIONALID'S, if any [14 ORGANIZATIONS NAME] [15 INDIVIDUAL'S LAST NAME] [16 INDIVIDUAL'S LAST NAME] [17 ORGANIZATION [18 ORGANIZATION OF ORGANIZATION [19 ORGANIZATIONALID'S, if any [19 ORGANIZATIONALID'S, if any [10 INDIVIDUAL'S LAST NAME] [10 INDIVIDUAL'S LAST NAME] [11 ORGANIZATION [12 ORGANIZATION OF ORGANIZATION [13 ORGANIZATIONALID'S, if any [14 ORGANIZATION [15 INDIVIDUAL'S LAST NAME] [16 INDIVIDUAL'S LAST NAME] [17 ORGANIZATION [18 ORGANIZATION [19 ORGANIZA							
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1s or 1b) - do not abbreviate or combine names [15 ORGANIZATIONS NAME] [16 INDIVIDUA'S LAST NAME] [17 ORGANIZATIONS NAME] [18 INDIVIDUA'S LAST NAME] [19 ORGANIZATIONS NAME] [10 TYPE OF ORGANIZATION [10 TYPE OF ORGANIZATION [10 TYPE OF ORGANIZATION [10 TYPE OF ORGANIZATION [11 URISDICTION OF ORGANIZATION [12 ORGANIZATIONAL ID II, if any [14 ORGANIZATIONS NAME] [15 INDIVIDUAL'S LAST NAME] [16 INDIVIDUAL'S LAST NAME] [17 ORGANIZATION [18 ORGANIZATION [19 ORGANIZATIONAL ID II, if any [19 ORGANIZATIONAL ID II, if any [10 INDIVIDUAL'S LAST NAME] [10 INDIVIDUAL'S LAST NAME] [10 INDIVIDUAL'S LAST NAME] [11 ORGANIZATION [12 ORGANIZATION [13 ORGANIZATION [14 ORGANIZATION [15 INDIVIDUAL'S LAST NAME] [16 INDIVIDUAL'S LAST NAME] [17 ORGANIZATION [18 ORGANIZATION [19 OR							
DEBTOR'S EXACT FULL LEGAL NAME - insort only one debtor name (1s or 1b) - do not abbreviate or combine names [15 ORGANIZATIONS YAME] [16 INDIVIDUA'S LAST NAME] [17 MAILING ADDRESS] [18 MAILING ADDRESS] [19 MAILING ADDRESS] [10 SEE INSTRUCTIONS] [10 STATE] [10 ST							
TABLERO ADDRESS AMILING ADDRESS AMILING ADDRESS AMILING ADDRESS CITY Omaha If ETYPE OF ORGANIZATION LLC ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one dobtor name (Pa or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one dobtor name (Pa or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one dobtor name (Pa or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one dobtor name (Pa or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one dobtor name (Pa or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one dobtor name (Pa or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one dobtor name (Pa or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one dobtor name (Pa or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one dobtor name (Pa or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one dobtor name (Pa or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one dobtor name (Pa or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one dobtor name (Pa or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one dobtor name (Pa or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one dobtor name (Pa or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one dobtor name (Pa or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one dobtor name (Pa or 2b) - do not abbreviate or combine names				THE A	BOVE SPACE IS FO	R FILING OFFICE US	SE ONLY
Covey Investments, LLC, a Nebraska Limited Liability Company To INDIVIDUAL'SLAST NAME	DEBTOR'S EXACT	FULL LEGAL NAM	IE - insert only <u>one</u> debtor na	me (1a or 1b) - do not abbreviate or combine nam	nes		
FIRST NAME FIRST NAME MIDDLE NAME SUFFIX	1a. ORGANIZATION'S	NAMI-					
MAILING AIDRESS CITY STATE POSTAL CODE COUNTRY			raska Limited Liabilit	y Company			
Omaha NE 68106 USA IS SEE INSTRUCTIONS OF ORGANIZATION DEPOTED TO THE TYPE OF ORGANIZATION NE	16 INDIVIDUAL'S LAS	ST NAM!		FIRST NAME	MIDDLE	NAME	SUFFIX
Omaha NE 68106 USA IS SEE INSTRUCTIONS OF ORGANIZATION DEPTOR 16 TYPE OF ORGANIZATION NE 11. JURISDICTION OF ORGANIZATION 11. JURISDICTION OF ORGANIZATION 12. ORGANIZATIONAL ID #, if any NE NE NO NE)	1		1
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION S NAME FIRST NAME MIDDLE NAME SUFFIX SEE INSTRUCTIONS ADDIT. NIPO RI ORGANIZATION ADDIT. NIPO ADDIT. NIPO RI ORGANIZATION ADDIT. NIPO RI ORGANIZATION ADDIT. NIPO BERTST NAME MIDDLE NAME SUFFIX BERTS NAME ADDIT. NIPO RI ORGANIZATION ADDIT. NIPO BERTS NAME ADDIT. NIPO RI ORGANIZATION ADDIT. NIPO BERTS NAME BERTS NAME AD	MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME -insert only one debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME: PIRST NAME	22 South 67th Ave	*		Omaha	NE	68106	USA
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME: 2b. INDIVIDUAL'S LAST VAME: MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY SECURED PARTY'S NAME (is NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME SECURED PARTY'S NAME (is NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME FIRST Savings Bank 3b. INDIVIDUAL'S LAST NAME. MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY STATE POSTAL CODE CO	SEE INSTRUCTIONS			ION 1f. JURISDICTION OF ORGANIZATION	N 1g. ORG	ANIZATIONAL ID #, if any	, ,,,,,,,
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one dobtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME: R 2b. INDIVIDUAL'S LAST NAME: FIRST NAME: MIDDLE NAME: SUFFIX FIRST NAME: MIDDLE NAME: FIRST NAME: MIDDLE NAME: FIRST NAME: MIDDLE NAME: SUFFIX FIRST NAME: MIDDLE NAME: FIRST NAME: MIDDLE NAME: MIDDLE NAME: SUFFIX FIRST NAME:			LLC	_I NE	1		X
2a. ORGANIZATION'S NAME: 2b. INDIVIDUAL'S LAST NAME: PIRST NAME	ADDITIONAL DEBT	OR'S EXACT FULI	L LEGAL NAME - insert or	ly one debtor name (2a or 2b) - do not abbreviate	or combine names		1-3,:
EMAILING ADDRESS ADDITING REAL CODE COUNTRY A SECURED PARTY'S NAME (cr NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) insert only one secured party name (3e or 3b) SECURED PARTY'S NAME First Savings Bank B INDIVIDUAL'STAS! NAME CITY COUNTRY STATE POSTAL CODE COUNTRY MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY COUNT			7/96-1-				
EMAILING ADDRESS ADDILINFO RI 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATIONA	_						
ADDIL INPO RI 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR	26 INDIVIDUAL'S LAS	T VAME		FIRST NAME	MIDDLE	NAME	SUFFIX
ADDIL INPO RI 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR							
SECURED PARTY'S NAME (or NAMIL of TOTAL ASSIGNEE of ASSIGNOR SIP) Insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME: First Savings Bank 3b. INDIVIDUAL'S LAST NAME. CITY STATE POSTAL CODE COUNTRY 5440 South 84th St Omaha NE 68124-4064 USA All Inventory, Chattel Paper, Accounts, Equipment, General Intangibles, Fixtures and Assignment of Rents; whether any of the foregoing is sowned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any cind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other	MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME, of TOTAL ASSIGNEE of ASSIGNOR SIP) Insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME First Savings Bank 3b. INDIVIDUAL'S LAST NAME. FIRST NAME CITY STATE POSTAL CODE COUNTRY 5440 South 84th St Omaha NE 68124-4064 USA This FINANCING STATE MI-VI covers the following collateral All Inventory, Chattel Paper, Accounts, Equipment, General Intangibles, Fixtures and Assignment of Rents; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any cind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other							
SECURED PARTY'S NAME (or NAME, of TOTAL ASSIGNEE of ASSIGNOR SIP) Insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME	SEE INSTRUCTIONS			ON 2f. JURISDICTION OF ORGANIZATION	N 2g. ORG	ANIZATIONAL ID #, if any	
SECURED PARTY'S NAME (or NAME, of TOTAL ASSIGNEE of ASSIGNOR SIP) Insert only one secured party name (3a or 3b) Sa. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME SUFFIX			1	1	I		Пыс
First Savings Bank 3b INDIVIDUALISTAST NAME. FIRST NAME MIDDLE NAME SUFFIX AND INDIVIDUALISTAST NAME. STATE POSTAL CODE COUNTRY 540 South 84th St Omaha NE 68124-4064 USA This FINANCING STATE Placement, General Intangibles, Fixtures and Assignment of Rents; whether any of the foregoing is bound onw or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any clind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other	SECURED PARTY	"S NAME (or NAME	of TOTAL ASSIGNEE of ASS	SIGNOR S/P) insert only one secured party name	(3a or 3b)		115
R 3b INDIVIDUAL'S LAST NAME. FIRST NAME MIDDLE NAME SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY B540 South 84th St Omaha NE 68124-4064 USA This FINANCING STATE Paper, Accounts, Equipment, General Intangibles, Fixtures and Assignment of Rents; whether any of the foregoing is bowned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other	3a ORGANIZATION'S	NAMI'		, , , , , , , , , , , , , , , , , , , ,	(00 00 00 00 00 00 00 00 00 00 00 00 00		
EMAILING ADDRESS STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL C							
Omaha Omaha NE 68124-4064 USA This FINANCING STATE MENT covers the following collateral All Inventory, Chattel Paper, Accounts, Equipment, General Intangibles, Fixtures and Assignment of Rents; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other	R 36 INDIVIDUAL'S LAS	ST NAME.	· · · · · · · · · · · · · · · · · · ·	FIRST NAME	MIDDLE	NAME	SUFFIX
Omaha Omaha NE 68124-4064 USA This FINANCING STATE MENT covers the following collateral All Inventory, Chattel Paper, Accounts, Equipment, General Intangibles, Fixtures and Assignment of Rents; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other							
This FINANCING STA!! MENT covers the following collateral All Inventory, Chattel Paper, Accounts, Equipment, General Intangibles, Fixtures and Assignment of Rents; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing including insurance, general intangibles and other	. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
All Inventory, Chattel Paper, Accounts, Equipment, General Intangibles, Fixtures and Assignment of Rents; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing intangibles and other				Omaha	NE	68124-4064	USA
All Inventory, Chattel Paper, Accounts, Equipment, General Intangibles, Fixtures and Assignment of Rents; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing intangibles and other	1540 South 84th St		wing reliatoral				
owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing; all proceeds relating to any of the foregoing insurance, general intangibles and other	3540 South 84th St	MENT covers the fellow					
	This FINANCING STATE			eral Intangibles, Fixtures and Assig	inment of Rents:	whether any of the	foregoing is
	This FINANCING STATE All Inventory, Chat	tel Paper, Accou	ınts, Equipment, Gen				
accounts proceeds).	This FINANCING STATE All Inventory, Chatowned now or acquiring to any	tel Paper, Accou uired later; all ac y of the foregoin	unts, Equipment, Gen ocessions, additions,	replacements, and substitutions rel	lating to any of th	ne foregoing; all re	cords of any

	ALTERNATIVE DESIGNATION (if applicable).			/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG LIEN	NON-UC	CC FILING
6.	This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	for record] (or recorded)	in the Rt-At, [if applicable]	Check to REQUIDED A CHECK INTERPOLITION AL P	IEST SEARCH REPOR	T(S) on Debtor(s) optional]	All Debtors	Debtor 1	Debtor 2
8	OPTIONAL FILLS REFERENCE DATA							-	

UCC FINANCING STATEMENT ADDENDUM					
FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	TEMENIT				
9a. ORGANIZATION'S NAME	I LIVICIA I				
Covey Investments, LLC, a Nebraska Limited Liability Com	pany				
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS:					
44 ADDITIONAL DEPTOD'S EVACT FULL ISCAL NAME, investorio acco			E IS FOR FILING OI	FFICE USE ONLY	
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one: 11a. ORGANIZATION'S NAME	name (11a or 11b) - do not apprevia	te or combine names	, , , , , , , , , , , , , , , , , , , ,		
OB					
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDI	E NAME	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
11d. SEE INSTRUCTIONS ADD'LINFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	11f JURISDICTION OF ORGANIZ	ZATION 11g. C	PRGANIZATIONAL ID #,	if any	
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S 128. ORGANIZATION'S NAME:	NAME - insert only one name (1	2a or 12b)			
OR 12b. INDIVIDUAL'S LAS' NAME	FIRST NAME	MIODI	E NAME	SUFFIX	
12c MAILING ADDRESS	спу	STATE	POSTAL CODE	COUNTRY	
This FINANCING STATE MENT covers timber to be cut or as-extracted collateral, or is filted as a fixture filling 14. Description of real estate	16. Additional collateral descripti	on:			
Lot 14, Block 1, Lincoln Place, an Addition to the City of Omaha, as surveyed, platted and recorded, in Douglas County, Nebraska. Property address is known as 4602 Cass St., Omaha, NE 68132.					
,					
15. Name and address of a RFCORD OWNER of above-described real estate (if Debtor does not have a record interest):					
	17. Check <u>only</u> if applicable and o			<u> </u>	
	Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate 18. Check only if applicable and check only one box.				
	Debtor is a TRANSMITTING UTILITY				
	Filed in connection with a Manufactured-Home Transaction - effective 30 years				