A. NAME & PHONE OF CONTACT AT FILER [optional]  Brad Eckhoff  B. SEIND ACKNOWLEDGMENT TO: (Name and Addres)  Pinnacle Bank  Attn: Brad Eckhoff  1200 Golden Gate Driv  Papillion, NE 68046	339-3244 CONTREGISTER C	Fee \$ Ck 🗷	Cash ☐ Chg
TERMINATION: Effectiveness of the Financing Statemer  CONTINUATION: Effectiveness of the Financing Statemer  Continued for the additional period provided by applicable is	98-24910 nt identified above is terminated with respect to security in	This Financing State  1b. This Financing State  1c. This Financing Sta	MENT AMENDMENT is recorded) in the OS.
4. ASSIGNMENT (full or partial): Give name of assignee in 5. AME NDMENT (PARTY INFORMATION): This Amendm Also check gine of the following three boxes and provide appropri  C: IANGE name and/or address: Give current record name in in me (if name change) in item 7a or 7b and/or new address 6. CURRENT RECORD INFORMATION:  6a. DRGANIZATION'S NAME  OR 6b. NDWIDLALS LAWYANT VANGE LICAT LICE  OR 6b. NDWIDLALS LAWYANT VANGE LICAT LICE  To AME VANGE LICAT LICE  OR 6b. NDWIDLALS LAWYANT VANGE LICAT LICE  AND VANGE LICAT LICE  OR 6b. NDWIDLALS LAWYANT VANGE LICAT LICE  OR 6b. NDWIDLALS LAWYANT VANGE LICAT LICE  To AME VANGE LICAT LICE  OR 6b. NDWIDLALS LAWYANT LICE  OR 6b. NDWIDLALS LAWYANT LICE  OR 6c. LICAT LICE  OR 6c. LICE  OR 6c. LICAT LICE  OR 6c. LICE	nent affects Debtor or Secured Party of record.  Itate information in items 6 and/or 7.  In item 6a or 6b; also give new (if address change) in item 7c.  DELETE name: Gi to be deleted in item	Check only one of these two boxes.	em 7a or 7b, and also ems 7d-7q (if applicable).
7. CHANGED (NEW) OR ADDED INFORMATION:	FIRSTNAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME			
	FIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME	<b>\$</b>		l l
7c. MAILING ADDRESS  3:30 West Halleck 7d. TAX 13 ** SSN OR EIN ADD'L INFO RE   7e. TYPE OF OR ORGANIZATION	CITY Papillion  RGANIZATION 71. JURISDICTION OF ORGANIZATI	STATE POSTAL CODE  NE 68046  ON 7g. ORGANIZATIONAL ID #, if	COUNTRY
7c. MAILING ADDRESS  3:30 West Halleck 7d. TAX10# SSN OR EIN   ADDILINFO RE   7e. TYPE OF OR	Papillion  rganization 77. Jurisbiction of organization  ch Nebrasaka	NE 68046 7g. ORGANIZATIONAL ID #, If 1	IISA