OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Corporation Service Company 1-800-858-5294 B. SEND ACKNOWLEDGMENT TO: (Name and Address) T1358171 - 353700 - 11/16/2012 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703-4261 Filed In: Nebraska Merrick	at Scorded in Bootrument No. corded in Bootrument No. crick County C ABOVE SPACE I 1b. xerest(s) of the Secure of the Secured Party copies name of assign Check only one of the	S FOR FILIN This FINAN to be filed [i REAL ESTA ed Party author authorizing the	NG OFFICE LISE C CING STATEMENT A for record of records. ATE RECORDS. Ating this Termination his Continuation State	DNLY MENDMENT is ed) in the in Statement.
801 Adlai Stevenson Drive Springfield, IL 62703-4261 Filed In: Nebraska Merrick THE	erest(s) of the Secure of the Secured Party o give name of assign Check only one of the	This FINAN' to be filed [i REAL ESTA ed Party autho authorizing th nor in item 9. hase two boxe ADD name: Co also complete in	CING STATEMENT A for record (or recorde ATE RECORDS, xizing this Termination nis Continuation State	MENDMENT is ed) in the n Statement. ement is ement is end also item 7c; eb).
a. INITIAL FINANCING STATEMENT FILE # BOOK 148, Page 897-898 5/28/2003 . TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(e) of continued for the additional period provided by applicable law. . CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(e) of continued for the additional period provided by applicable law. . ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also chack give of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/oraddress: Pleaserefer to the detailed instructions in items 6 and/or 7. CURRENT RECORD INFORMATION: Ga. ORGANIZATION'S NAME KENT AND BURKE COMPANY Bb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CHANGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME FIRST NAME CHANGED (NEW) OR ADDED INFORMATION: 7c. ORGANIZATION'S NAME R 7b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7c. ANDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7c. ORGANIZATION'S NAME R 7d. INDIVIDUAL'S LAST NAME FIRST NAME CITY I. SEEINSTRUCTIONS ADD'L INFO RE To Type of Organization To JURISDICTION OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Destribe collateral description, or describe collateral	erest(s) of the Secure of the Secured Party o give name of assign Check only one of the	This FINAN' to be filed [i REAL ESTA ed Party autho authorizing th nor in item 9. hase two boxe ADD name: Co also complete in	CING STATEMENT A for record (or recorde ATE RECORDS, xizing this Termination nis Continuation State	MENDMENT is ed) in the n Statement. ement is ement is end also item 7c; le).
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AMENDMENT (FARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Also check gips of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/oraddress: Please refer to the detailed instructions in items 6 and/or 7. CHANGE name and/oraddress: Please refer to the detailed instructions in items 6 and/or 7. CHANGE name and/oraddress of a party. DELETE name: Give record name to be deleted in item 6a or 6b. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME KENT AND BURKE COMPANY 6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME FIRST NAME FIRST NAME CHANGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME CITY 1. SEE INSTRUCTIONS ADD'L INFO RE OR TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral description, or describe collateral	Check only one of the	hese two boxe ADD name: Co also complete i		
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Il of Section 4, Township 16 North, Range 3 West of the 6th P.M., Merrick County, Nebraska.				
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NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here T and enter	an Assignment). If it name of DESTOR			a Debtor which
8a. ORGANIZATION'S NAME Metropolitan Life Insurance Company				
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Bb, INDIVIDUAL'S LAST NAME FIRST NAME				
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