Secured Party: Access Bank 8712 W Dodge Rd Omaha, NE 68114 Debtor: 10304 JOSEPH CIRCLE, LLC 10229 BERRY ST OMAHA NE 68127

UCC CONTINUATION

Inst. # 2018020742, Pages: 2 of 4

Fee amount: 10.50 FB: 15-00302 COMP: SB

Received - DIANE L. BATTIATO
Register of Deeds, Douglas County, NE
04/08/2013 09:12:53.00

A. NAME & PHONE OF						
	·	,				
DEBTOR'S EXACT F	UII I FGAL NAM	F - insert only one debtor name (1a)	or 1b) - do not abbreviate or combine names	SPACE IS F	OR FILING OFFICE US	E ONLY
1a. ORGANIZATION'S N	IAME					
اما	10304 JOSEPH CIRCLE, LLC 1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS 10229 BERRY ST			CITY OMAHA	STATE NE	POSTAL CODE 68127-3037	COUNTRY
d. SEE INSTRUCTIONS	ADD'L INFO RE 16. TYPE OF ORGANIZATION ORGANIZATION LLC		1f. JURISDICTION OF ORGANIZATION NE	1g. ORGANIZATIONAL ID #, if any		
		LEGAL NAME - insert only <u>one</u> d		ne names		X
2a. ORGANIZATION'S N	IAME					
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX	
c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any		Пм
SECURED PARTY'S		of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name (3a or 3	b)		
Access Bank						
3b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE NAME		SUFFIX
i c. MAILING ADDRESS 8712 West Dodge Ro	oad		CITY Omaha	STATE NE	POSTAL CODE 68114	COUNTRY
This FINIANCING STATEM	ENT covers the follow	ving collateral:				- 1
		tions, replacements, and s	reto and made a part thereof; whet substitutions relating to any of the f joing (including insurance, general i	oregoing;	all records of any k	ind relating

JCC FINANCING STATEM OLLOW INSTRUCTIONS (front and back		M			
NAME OF FIRST DEBTOR (1a or 1b		STATEMENT			
9a. ORGANIZATION'S NAME 10304 JOSEPH CIRCLE, LLC					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAMÉ, SUFFIX			
. MISCELLANEOUS:					
			THE ABOVE SPACE	IS EOD EILING OFFI	CE LISE ONLY
I. ADDITIONAL DEBTOR'S EXACT F	ULL LEGAL NAME - insert only	one name (11a or 11b) - do not abbrev		IS FOR FILING OFFI	CE USE ONLY
11a. ORGANIZATION'S NAME					
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
Id. SEE INSTRUCTIONS ADD'L INFO R	E 11e. TYPE OF ORGANIZATIO	ON 11f. JURISDICTION OF ORGA	ANIZATION 11g. OR	GANIZATIONAL ID#, if a	ny
ORGANIZATION DEBTOR					
2. ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME	TY'S or ASSIGNOR S	S/P'S NAME - insert only <u>one</u> name	(12a or 12b)		
R					SUFFIX
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME	
. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
B. This FINANCING STATEMENT covers collateral, or is filed as a	timber to be cut or as-extrac	ted 16. Additional collateral descri	ption:	.	
Description of real estate:	DEDI AT 4 on Addition to				
Lots 1 and 2, in ALAMO PLAZA F the City of Omaha, as surveyed, Douglas County, Nebraska.	platted and recorded, in				
Name and address of a RECORD OWNER Debtor does not have a record interest):	of above-described real estate (if				
		17. Check only if applicable ar	nd check <u>only</u> one box. Trustee acting with respect to pr	operty held in trust or	Decedent's Est
		18. Check only if applicable ar			
		Debtor is a TRANSMITTIN		_	
		 	Manufactured-Home Transaction Public-Finance Transaction	11	