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SUBMITTED\_GREAT WESTERN BANK - THE N

FILED SARPY CO. NE. INSTRUMENT NUMBER

2018-19966

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REGISTER OF DEEDS

## THIS PAGE ADDED FOR RECORDING INFORMATION.

## DOCUMENT STARTS ON NEXT PAGE.

## **LLOYD J. DOWDING**

SARPY COUNTY REGISTER OF DEEDS 1210 GOLDEN GATE DRIVE PAPILLION, NE 68046-2842 402-593-5773

| UCC FINANCING STATEMENT AMENDM FOLLOW INSTRUCTIONS   | ENT  | _   |  |                       |                                 |                                 |
|--|--|---|--|-----------------------|---------------------------------|---------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) LINDA DUNCAN (402) 952-6062   |  | 1   |  |                       |                                 |                                 |
| B. E-MAIL CONTACT AT FILER (optional)  |  | 1   |  |                       |                                 |                                 |
| linda.duncan@greatwesternbank.com  |  | _   |  |                       |                                 |                                 |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)  |  |   |  |                       |                                 |                                 |
| GREAT WESTERN BANK   |  |   |  |                       |                                 |                                 |
| 9290 WEST DODGE ROAD, SUITE 401<br>OMAHA, NE 68114   |  |   |  |                       |                                 |                                 |
| OMAIIA, NE WITT  |  |   |  |                       |                                 |                                 |
| 11   | 1  |   |  |                       |                                 |                                 |
|  |  |   | VE SPACE IS FO                           |                       |                                 |                                 |
| 18. INITIAL FINANCING STATEMENT FILE NUMBER 2013-33749   |  | (or recorded) in t                        | STATEMENT AME                            | RECORDS               |                                 |                                 |
| 2. TERMINATION: Effectiveness of the Financing Statement identifie   | ed shove is terminated                     |   | dment Addendum (Fo                       |                       |                                 |                                 |
| Statement Statement  | d above is terminated                      | will respect to the secur                 | ny interest(s) or se                     | Juiou Faity aud       | nonzing bila                    | i dinimation                    |
| ASSIGNMENT (full or partial): Provide name of Assignee in Item 7 For partial assignment, complete items 7 and 9 and also indicate affet    |  |   | d name of Assignor                       | in item 9             |                                 |                                 |
| CONTINUATION: Effectiveness of the Financing Statement identic continued for the additional period provided by applicable law              |  | <del>-</del>                              | s) of Secured Party                      | authorizing this      | s Continuation                  | n Statement is                  |
| 5. PARTY INFORMATION CHANGE:   |  |   |  |                       |                                 | -                               |
|  | eck <u>one</u> of these three t            |   |  |                       |                                 |                                 |
| This Change affects Debtor or Secured Party of record  | CHANGE name and/or item 6a or 6b; and item | address: Complete<br>7a or 7b and item 7c | ADD name: Compte<br>7a or 7b, and item 7 | te item DEI           | LETE name: (<br>e deleted in it | Give record name<br>em 6a or 6b |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information  | n Change - provide only                    | one name (6a or 6b)                       |  |                       |                                 |                                 |
| 6a. ORGANIZATION'S NAME  |  |   |  |                       |                                 |                                 |
| OR 6b. INDIVIDUAL'S SURNAME  | FIRST PERSO                                | NAI NAME                                  | ADDITIO                                  | NAL NAME(S)/II        | NITIAL(S)                       | ISUFFIX                         |
|  |  |   |  |                       |                                 |                                 |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party  | Information Change - provide               | only one name (7a or 7b) (use o           | exact, full name; do not o               | nit, modify, or abbre | viste any part of               | the Debtor's name)              |
| 7a. ORGANIZATION'S NAME  |  |   |  |                       |                                 |                                 |
| OR 75. INDIVIDUAL'S SURNAME  |  |   |  |                       |                                 |                                 |
|  |  |   |  |                       |                                 |                                 |
| INDIVIDUAL'S FIRST PERSONAL NAME   |  |   |  |                       |                                 |                                 |
|  |  |   |  |                       |                                 |                                 |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   |  |   |  |                       |                                 | SUFFIX                          |
| 7c. MAILING ADDRESS  | lorry                                      |   | ICTATE                                   | IPOSTAL COD           |                                 | COUNTRY                         |
| 7C. MAILING ADDRESS  | CITY                                       |   | STATE                                    | POSTAL COD            | <b>-</b>                        | COUNTRY                         |
| 2 COLLATERAL CHANCE: No shall an although the first  | ADD collateral                             | DELETE colletonal                         | Deserves                                 | and antictor          | . 🗆                             | Control antiques                |
| COLLATERAL CHANGE: Also check one of these four boxes:  Indicate collateral:   | ADD collateral                             | DELETE collateral                         | RESTATE C                                | covered collatera     | а <u>Г</u> А                    | SSIGN collateral                |
| Hucato constores.  |  |   |  |                       |                                 |                                 |
|  |  |   |  |                       |                                 |                                 |
|  |  |   |  |                       |                                 |                                 |
|  |  |   |  |                       |                                 |                                 |
|  |  |   |  |                       |                                 |                                 |
| A MANUE OF CIFCUIPED DARTY OF PEOCODD AUTHORITING T  |  |   |  |                       |                                 |                                 |
| <ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING TI If this is an Amendment authorized by a DEBTOR, check here and picture.</li> </ol> | nis Amenumeni:<br>rovide name of authoriz  |   | a or 90) (name of As                     | signor, it this is    | an Assignmer                    | n)                              |
| 9a. ORGANIZATION'S NAME  |  |   | <u> </u>                                 |                       |                                 |                                 |
| GREAT WESTERN BANK OR 9b. INDIVIDUAL'S SURNAME   | FIRST BESSE                                | NAL MARK                                  | LACOUTIC                                 | MAL MANAGON           | MITIAL (C)                      | terieery                        |
| BU. INDIVIDUAL S SURNAME   | FIRST PERSO                                | NAL NAME                                  | ADDINO                                   | NAL NAME(S)/I         | MITIAL(S)                       | SUFFIX                          |
| 10. OPTIONAL FILER REFERENCE DATA:   | ı  |   | <u> </u>                                 |                       |                                 | <u> </u>                        |
| FANTASY'S, INC.  |  |   |  |                       |                                 |                                 |

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM **FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 2013-33749 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME GREAT WESTERN BANK 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debter of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see instructions if name does not fit 13a. ORGANIZATION'S NAME FANTASY'S, INC. OR 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: covers timber to be cut covers as-extracted collateral is filed as a fixture filing LOT 1, MILLARD PARK REPLAT 4, A SUBDIVISION 16. Name and address of a RECORD OWNER of real estate described in item 17 IN SARPY COUNTY, NEBRASKA (if Debtor does not have a record interest):

18. MISCELLANEOUS: