		_				
	CC FINANCING STATEMENT AMENDMEN LLOW INSTRUCTIONS	H				
Α.	NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294		1			
B.	F-MAII CONTACT AT FII FR (optional) SPRFiling@cscglobal.com					
	SEND ACKNOWLEDGMENT TO: (Name and Address)		-			
	1609 72444					
	CSC 801 Adlai Stevenson Drive Springfield, IL 62703					
L	Filed In	ı: Nebraska (Douglas)				
	_				R FILING OFFICE USE	
	INITIAL FINANCING STATEMENT FILE NUMBER 014036003 05/15/2014		1b. This FINANCING STATEM (or recorded) in the REAL	ESTATE	ENDMENT is to be filed [for RECORDS m UCC3Ad) and provide Debto	
2.	TERMINATION: Effectiveness of the Financing Statement identified above Statement	ve is terminated v			· · · · · · · · · · · · · · · · · · ·	
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 and also indicate affected of			of Assignor	in item 9	
4.	✓ CONTINUATION: Effectiveness of the Financing Statement identified all continued for the additional period provided by applicable law	bove with respect	to the security interest(s) of Sec	ured Party	authorizing this Continuation	on Statement is
5. [PARTY INFORMATION CHANGE:					
	CHAN		ddress: CompleteADD nan	ne: Comple		Give record name
	his Change affects Debtor or Secured Party of record item 6 CURRENT RECORD INFORMATION: Complete for Party Information Char			and item 7	c to be deleted in i	tem 6a or 6b
	6a. ORGANIZATION'S NAME 3635 S. 149th Street, LLC.	.g- p				
OR	3635 South 149th Street, Omaha, NE 68144	FIRST PERSON	AI NAME	TADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
					(,,	
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa [7a. ORGANIZATION'S NAME]	tion Change - provide	only one name (7a or 7b) (use exact, full na	ame; do not o	nit, modify, or abbreviate any part o	f the Debtor's name)
OR	7b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	USA
8.	COLLATERAL CHANGE: Also check one of these four boxes: ADI	D collateral	DELETE collateral	RESTATE o	overed collateral	SSIGN collateral
	Fixtures, whether any of the foregoing is owned no					nts, and
su	bstitutions relating to any of the foregoing; all recor	ds of any ki	nd relating to any of t	he fore	going.	
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A			name of As	signor, if this is an Assignme	nt)
'	9a. ORGANIZATION'S NAME Mutual of Omaha Bank	name of authorizin	a nanioi			
OR	3333 Farnam Street, Omaha, NE 68131	FIDET DEDOC	AL NAME	ADDITIO	NAL NAME/OVINITIAL/O	Telleriy
	3D. INDIVIDUALS SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10.	OPTIONAL FILER REFERENCE DATA:1610576001 Debtor:3	635 S. 149	h Street, LLC.	•		1609 7244

	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on A $114036003\ 05/15/2014$	Amendment for	m			
2. 1	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 of	on Amendmen	form			
	_{12a.} organization's name Mutual of Omaha Bank					
	3333 Farnam Street, Omaha, NE 68131					
)R	12b. INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME					
•	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE	SPACE IS FOR FILING OFFICE	USE ONLY
	Name of DEBTOR on related financing statement (Name of a current Debone Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbr			ng purposes only in s	ome filing offices - see Instruction item	
	13a. ORGANIZATION'S NAME					
)R	13b. INDIVIDUAL'S SURNAME	FIRST PER:	SONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
4.7	ADDITIONAL SPACE FOR ITEM 8 (Collateral):					