UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) Carla Teager 402-399-8400 B. SEND ACKNOWLEDGMENT TO: (Name and Address) First Savings Bank Omaha Branch 3540 South 84th St Omaha, NE 68124	COUNTER_VERIFY PROOF D FEES \$ CHECK#_CHGREFUND SHORT_	C.E.S. D.E. CASH GREBIT NCR	3	1NST 2 2/02/20 loyl	RPY COUNTY NETRUMENT NUMB 2012-03325 112 11:27:26 A  STER OF DEEL	AM Ling
			THE ABOVE SE	DACE IS EC	R FILING OFFICE US	E ONI V
DEBTOR'S EXACT FULL LEGAL NAME - insert only one	e debtor name (1a o	r 1b) - do not abbreviate	<del> </del>	ACE IS FU	R FILING OFFICE 05	E ONL T
1a. ORGANIZATION'S NAME						
PSA Properties, LLC, a Nebraska Limited Lial OR 1b. INDIVIDUAL'S LAST NAME	oility Company	IFIRST NAME		MIDDLE	NAME	SUFFIX
ID. INDIVIDUAL O EAST TAME		TIKOT NAME		WIIDDEE	NAME	30771
1c. MAILING ADDRESS	······································	CITY		STATE	POSTAL CODE	COUNTRY
4745 N 173rd Cir		Omaha		NE	68116	USA
1d. SEE INSTRUCTIONS   ADD'L INFO RE   1e. TYPE OF OI ORGANIZATION   LLC	RGANIZATION	1f. JURISDICTION O	FORGANIZATION	1g. ORG	ANIZATIONAL ID#, if any	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME	- insert only one de	btor name (2a or 2b) - o	do not abbreviate or combine	names		NONE
2a. ORGANIZATION'S NAME						
OR 2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
				1		100,713,
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS  ADD'L INFO RE   2e. TYPE OF OF ORGANIZATION DEBTOR	RGANIZATION	2f. JURISDICTION OF	ORGANIZATION	2g. ORG/	I ANIZATIONAL ID #, if any	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGN	EE of ASSIGNOR S	/P) - insert only one se	cured party name (3a or 3b)			
3a. ORGANIZATION'S NAME  First Savings Bank						
OR 3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	NAME	SUFFIX
3c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
3540 South 84th St		Omaha		NE	68124-4064	USA
4. This FINANCING STATEMENT covers the following collateral:  All Inventory, Chattel Paper, Accounts, Equipmer owned now or acquired later; all accessions, add kind relating to any of the foregoing; all proceeds proceeds).  5. ALTERNATIVE DESIGNATION [if applicable]:   LESSEE/LESS	litions, replace s relating to an	ments, and subs	titutions relating to a	any of the	foregoing; all reco	rds of any
This FINANCING STATEMENT is to be filed (for record) (or record).  ALTERNATIVE DESIGNATION (in applicable). [LESSEPLESS]  This FINANCING STATEMENT is to be filed (for record) (or record).  Attach Addendum.			JEST SEARCH REPORT(S) EE] [opti			ebtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	[if applicab	E I TADDITIONAL I	LELI [OPTI	undij	, an Boxiola D	220. 1

		NTADDENDUM			İ			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY								
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT  19a. ORGANIZATION'S NAME								
		imited Liability Company						
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME				MIDDLE NAME, SUFFIX				
3. 113.11307.23 27.07	TV III.	TACOT IVAME		MIDDLE NAME, SOFFIX				
10. MISCELLANEOUS:		<u> </u>						
44 Applitable DEST	2010 - 1/10 - 1						IS FOR FILING OF	FICE USE ONLY
11. ADDITIONAL DEBT		LEGAL NAME - insert only one	name	e (11a or 11b) - do not abbrev	viate or combine nam	es		
OR 116. INDIVIDUAL'S LAST	ΓNAME		Fi	RST NAME		MIDDLE	NAME	SUFFIX
								Corrix
11c. MAILING ADDRESS			ci	ŤΥ		STATE	IPOSTAL CODE	COUNTRY
11d. SEE INSTRUCTIONS	ADD'L INFO RE 1	1e. TYPE OF ORGANIZATION	11	f. JURISDICTION OF ORGA	NIZATION	11g. OR	J GANIZATIONAL ID#, if	any
	ORGANIZATION DEBTOR		1			1		NONE
12. ADDITIONAL SE	CURED PARTY'S	or ASSIGNOR S/P'S	3 N/	AME - insert only one name	(12a or 12b)	<u> </u>		1 14014
12a. ORGANIZATION'S	VAME				····			
OR								
12b. INDIVIDUAL'S LAST	NAME		FIRST NAME			MIDDLE NAME SUFFIX		
43. 1441.110. 450.5500			1					
12c. MAILING ADDRESS			Ci	ſΥ		STATE	POSTAL CODE	COUNTRY
42 71: 511110110 071771			146	A LIST OF THE RESIDENCE OF THE SECOND			L	
<ol><li>This FINANCING STATEM collateral, or is filed as a</li></ol>		r to be cut or as-extracted	'0	. Additional collateral descrip	otion:			
14. Description of real estate:	Na.		1					
		TION TO THE CITY OF						
PAPILLION, AS SUR SARPY COUNTY,		D, AND RECORDED IN						
KNOWN AS 501 WE		PROPERTY ADDRESS PILLION, NE						
		·						
			ł					
			ł					
15. Name and address of a RE	CORD OWNER of above	e-described real estate (if						
Debtor does not have a rec		<b>,</b>						
			17.	Check only if applicable and	check only one box.			
Debtor is a Trust or Trustee acting with respect to property held in trust						Decedent's Estate		
	Check only if applicable and	check only one box.			<del></del>			
Debtor is a TRANSMITTING UTILITY								
			Filed in connection with a Manufactured-Home Transaction					
				Filed in connection with a Pu	ublic-Finance Transac	ction		