COUNTER_	LM C.E. LIV
VERIFY	1/2 JE - 12 - 1
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FILED SARPY COUNTY NEBRASKA INSTRUMENT NUMBER

2017-00598

01/09/2017 11:43:17 AM

Cloyl J. Douding

REGISTER OF DEEDS



THIS PAGE ADDED FOR RECORDING INFORMATION.

DOCUMENT STARTS ON NEXT PAGE.

LLOYD J. DOWDING

SARPY COUNTY REGISTER OF DEEDS Steven J. Stastny, Deputy 1210 GOLDEN GATE DRIVE, # 1230 PAPILLION, NE 68046-2842 402-593-5773

	OTATEME	NT AMENDM	· Ent				
		NT AMENDM	EN I			•	
LLOW INSTRUCTIONS , NAME & PHONE OF CO							
Prepared by: Cecil		• • •					
. SEND ACKNOWLEDGE	MENT TO: (Name	and Address)					
Return to:	n 1		1				
χ∜ First Savings 3540 S 84th S		•					
Omaha NE 6							
1 ,							
				THE ABOVE SP		R FILING OFFICE	
a. INITIAL FINANCING STAT		11 1 221 V	And the second of the second o		to be	filed [for record] (or	MENT AMENDMENT recorded) in the
	02/02/2012			avaita interest/a) of the		L ESTATE RECORD	
			bove is terminated with respect to see a above with respect to security inte				
CONTINUATION: E continued for the addition			u above with respect to security inte	areada) of the Secule	or any author	g una Commudu	Otatomont Id
ASSIGNMENT (full o	r partial): Give name	e of assignee in item 7a or 7b	and address of assignee in item 7c;	and also give name o	f assignor in it	tem 9.	
		: This Amendment affects		record. Check only			
	•	provide appropriate informati					
CHANGE name and/or ad in regards to changing th	ddress: Please refer to e name/address of a p	othe detailed instructions party.	DELETE name: Give red to be deleted in item 6a	cord name or 6b.	ADD na also co	ame: Complete item / mplete items 7e-7g (if	a or 7b, and also item 7 applicable).
CURRENT RECORD INF				<u> </u>		• • • • • • • • • • • • • • • • • • • •	
6a. ORGANIZATION'S N				1			• •
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6b. INDIVIDUAL'S LAST	ies, LLC, a	Nebraska Lim	ited Liability Comp	any	MIDDLE	NAME	SUFFIX
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7b. INDIVIDUAL'S LAST	DDED INFORMATI AME NAME		FIRST NAME	any	MIDDLE :	NAME POSTAL CODE	SUFFIX
To, INDIVIDUAL'S LAST c. MAILING ADDRESS 74745 N 173rd C	DDED INFORMATI AME NAME		FIRST NAME CITY Omaha		MIDDLE STATE	NAME	SUFFIX COUNTRY
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