

2016-02101

STATE OF NEBRASKA, County of Saline

Entered in numerical index and filed for record 22 day of  
December 2016 at 9:00 o'clock A. M. and  
recorded in Book 421 of Records Page 454-455

*Daryl K. Dwyer*  
County Clerk

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

|   |
|---|
| A. NAME & PHONE OF CONTACT AT FILER (optional)  |
| B. E-MAIL CONTACT AT FILER (optional)   |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)   |
| <input type="checkbox"/> Farm Service Agency<br>2920 E Court Street<br>Beatrice, NE 68310 |

| No. | Gen.                                | Num.                                | Pages                               |
|-----|-------------------------------------|-------------------------------------|-------------------------------------|
| #8  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| dk  | Register of Deeds                   |                                     |                                     |

From and Return to:  
Farm Service Agency  
2920 E. Court Street  
Beatrice, NE 68310  
Fee: \$10.50 paid (check)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

**2012-00636 Book 388, Page 358-359**

1b. ☒ This FINANCING STATEMENT AMENDMENT is to be filed [for record]  
(or recorded) in the REAL ESTATE RECORDS

File: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. ☐ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☒ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ **PARTY INFORMATION CHANGE:**

Check one of these two boxes:

This Change affects ☐ Debtor or ☐ Secured Party of record

AND Check one of these three boxes to:

☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

|                         |                          |                     |                               |        |
|-------------------------|--------------------------|---------------------|-------------------------------|--------|
| 6a. ORGANIZATION'S NAME |                          |                     |                               |        |
| OR                      | 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|                         | Skleba                   | Rodney              | Wayne                         |        |

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

|                         |  |                     |                               |        |
|-------------------------|--|---------------------|-------------------------------|--------|
| 7a. ORGANIZATION'S NAME |  |                     |                               |        |
| OR                      | 7b. INDIVIDUAL'S SURNAME                   | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|                         |  |                     |                               |        |
|                         | INDIVIDUAL'S FIRST PERSONAL NAME           |                     |                               |        |
|                         | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |                     |                               |        |

|                     |      |       |             |         |
|---------------------|------|-------|-------------|---------|
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|                     |      |       |             |         |

8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral  
Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

|                         |                              |                     |                               |        |
|-------------------------|------------------------------|---------------------|-------------------------------|--------|
| 9a. ORGANIZATION'S NAME |                              |                     |                               |        |
|                         | Commodity Credit Corporation |                     |                               |        |
| OR                      | 9b. INDIVIDUAL'S SURNAME     | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|                         |                              |                     |                               |        |

10. **OPTIONAL FILER REFERENCE DATA:**

UCC FINANCING STATEMENT AMENDMENT ADDENDUM
FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
2012-00636 Book 388, Page 358-359

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form
12a. ORGANIZATION'S NAME
Commodity Credit Corporation
OR
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 Debtor 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
OR
13b. INDIVIDUAL'S SURNAME Skleba FIRST PERSONAL NAME Marsha ADDITIONAL NAME(S)/INITIAL(S) Jo SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

15. This FINANCING STATEMENT AMENDMENT:
[ ] covers timber to be cut [ ] covers as-extracted collateral [X] is filed as a fixture filing
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):
17. Description of real estate:
The South Half of the Southwest Quarter (S 1/2 SW 1/4) of Section Twenty-three (23), Township Seven (7) North, Range Four (4) East of the 6th P.M., Saline County, Nebraska.
18. MISCELLANEOUS: