

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
DUNDEE BANK BRANCH OF SECURITY STATE BANK (4025044000)

B. E-MAIL CONTACT AT FILER (optional)
CROBINETTE@DUNDEEBANKING.COM

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

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|---|--------------------------|---------------------|-------------------------------|----------------------|----------------|
| 1a. ORGANIZATION'S NAME FLATIRON HOTEL, LLC | | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 1c. MAILING ADDRESS 11506 NICHOLAS STREET, SUITE 200 | | CITY OMAHA | STATE NE | POSTAL CODE 68154 | COUNTRY USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | | |
|-------------------------|--------------------------|---------------------|-------------------------------|-------------|---------|
| 2a. ORGANIZATION'S NAME | | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | | |
|--|--------------------------|---------------------|-------------------------------|----------------------|----------------|
| 3a. ORGANIZATION'S NAME DUNDEE BANK BRANCH OF SECURITY STATE BANK | | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 3c. MAILING ADDRESS 5015 UNDERWOOD AVE | | CITY OMAHA | STATE NE | POSTAL CODE 68132 | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:

1. ALL CAPITAL CONTRIBUTIONS MADE BY EACH MEMBER OF DEBTOR TO DEBTOR;
2. ALL CAPITAL ACCOUNTS OF EACH MEMBER OF DEBTOR THAT ARE MAINTAINED FOR EACH MEMBER OF DEBTOR IN DEBTOR PURSUANT TO THE DEBTOR'S OPERATING AGREEMENT;
3. ANY AND ALL DISTRIBUTIONS THAT DEBTOR MAY DISTRIBUTE TO EITHER MEMBER OF DEBTOR, BUT SPECIFICALLY EXCLUDING ANY TAX CREDITS, IF ANY, WHICH DEBTOR MAY RECEIVE;
4. ALL PROFITS OR LOSSES ATTRIBUTED TO EACH MEMBER OF DEBTOR BY DEBTOR;
5. ANY RIGHT, TITLE, OR INTEREST OF DEBTOR IN AND TO A TAX-INCREMENT FINANCING LOAN ("TIF LOAN"), WHICH FLATIRON HOTEL, LLC OR DEBTOR MAY RECEIVE;
6. ANY AND ALL OTHER RIGHTS OR INTERESTS OF ANY NATURE WHATSOEVER OF EACH MEMBER OF DEBTOR IN AND TO DEBTOR; AND
7. ANY AND ALL RIGHTS OR INTERESTS OF DEBTOR IN AND TO FLATIRON HOTEL, LLC.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box: Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA: