| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS   |   | 9815877<br>Filed: 11<br>FLATIRO  | 7399-8<br>704/2<br>DN H              | tate-UCC<br>3<br>015 09:54 a.m.<br>OTEL, LLC                          |                  |
|---|---|--|--------------------------------------|---|------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) DUNDEE BANK BRANCH OF SECURITY STATE BANK (4   | 025044000)  | Pg: 1 of   | 1                                    |   |                  |
| B. E-MAIL CONTACT AT FILER (optional) CROBINETTE@DUNDEEBANKING.COM  |   |  |                                      |   |                  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)   |   |  |                                      |   |                  |
| <b> </b>  |   | THE ABOVE SPAC   | E IS FO                              | R FILING OFFICE USE   | ONLY             |
| DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use name will not fit in line 1b, leave all of item 1 blank, check here are all of item 2 blank, check here are all of item 2 blank, check here.  | e exact, full name; do not omit, modify<br>and provide the Individual Debtor infon  | , or abbreviate any part of th   | ne Debtor                            | 's name); if any part of the li                                       | ndividual Debtor |
| 1a. ORGANIZATION'S NAME FLATIRON HOTEL, LLC   | ·   |  |                                      | ·   | <u> </u>         |
| OR 1b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAM  | IE   | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |   | SUFFIX           |
| 1c. MAILING ADDRESS 11506 NICHOLAS STREET, SUITE 200  | CITY  |  | STATE<br>NE                          | POSTAL CODE<br>68154  | COUNTRY          |
| name will not fit in line 2b, leave all of item 2 blank, check here as a 2a. ORGANIZATION'S NAME  OR 2b. INDIVIDUAL'S SURNAME   | and provide the Individual Debtor infor   |  |                                      | atement Addendum (Form U  | SUFFIX           |
| 2c. MAILING ADDRESS   | CITY  |  | STATE                                | POSTAL CODE   | COUNTRY          |
| SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNATION'S NAME     DUNDEE BANK BRANCH OF SECURITY STATE BANK   |   | nly <u>one</u> Secured Party name  | (3a or 3b                            | <u> </u><br>  |                  |
| OR 3b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAM  | 1E   | ADDITIONAL NAME(S)/INITIAL(S)        |   | SUFFIX           |
| 3c. MAILING ADDRESS 5015 UNDERWOOD AVE  | CITY OMAHA  |  | STATE<br>NE                          | POSTAL CODE<br>68132  | COUNTRY          |
| 4. COLLATERAL: This financing statement covers the following collate 1.□ANY RIGHT, TITLE, OR INTEREST OF DEBTOR IN TRANEBRASKA JOB CREATION AND MAINSTREET REVITALIAS THE "TAX CREDITS").  2.□ANY RIGHT, TITLE, OR INTEREST OF DEBTOR IN THIASSOCIATION PURSUANT TO THE TAX CREDIT PURCHASSOCIATION;  3.□ALL OF DEBTOR'S ACCOUNTS, RIGHTS TO PAYMENT 4.□ANY RIGHT, TITLE, OR INTEREST OF DEBTOR IN ANIMAY RECEIVE;  5.□ANY AND ALL OTHER RIGHTS OR INTERESTS OF ANIMAY AND ALL OTHER RIGHTS OR INTEREST OR ANIMAY AND ALL OTHER RIGHTS OR INTEREST OR ANIMAY AND ALL OTHER RIGHTS OR INTEREST OR ANIMAY AND ALL OTHER RIGHTS OR ANIMAY AND ALL OTHER RIGHT | ANSFERABLE "TYPE A" STATIZATION ACT; NEB. REV. STATE PAYMENTS WHICH THE DEASE AGREEMENT BY AND BEASE, CONTRACT RIGHTS AND DOTO A TAX-INCREMENT FINA | T. 77-2901 TO 77-291: EBTOR IS TO RECEIVE ETWEEN THE DEBTOR GENERAL INTANGIB ANCING LOAN ("TIF L | E FROM<br>R AND<br>LES;<br>OAN"),    | EINAFTER REFERREI  1 US BANK NATIONAL  US BANK NATIONAL  WHICH DEBTOR |                  |
| Check only if applicable and check only one box: Collateral is held   | d in a Trust (see UCC1Ad, item 17 and   | d Instructions) being a  | administe                            | red by a Decedent's Person  | al Representativ |
| 6a. Check only if applicable and check only one box:  | ,   |  |                                      | f applicable and check only   | <u> </u>         |

A Debtor is a Transmitting Utility

Consignee/Consignor

Seller/Buyer

International Association of Commercial Administrators (IACA)

Non-UCC Filing

Licensee/Licensor

Agricultural Lien

Bailee/Bailor

Manufactured-Home Transaction

Lessee/Lessor

Public-Finance Transaction

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA: