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P320864

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| | |
|--|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional] 712-366-5753 | |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) JOHN NIKOLAUS BECKER Post Office Box 3507 OMAHA, NE 68103 | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

| | | | | | | |
|---|--------------------------------------|--------------------------|----------------------------------|-------------------------|---------------------------------|-------------------------------|
| 1a. ORGANIZATION'S NAME | | | | | | |
| OR | 1b. INDIVIDUAL'S LAST NAME BECKER | | FIRST NAME JOHN | MIDDLE NAME NIKOLAUS | SUFFIX | |
| 1c. MAILING ADDRESS Post Office Box 3507 | | | CITY OMAHA | STATE NE | POSTAL CODE 68103 | COUNTRY USA |
| 1d. TAX ID #: SSN OR EIN 556-46-4635 | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | | 1g. ORGANIZATIONAL ID #, if any | <input type="checkbox"/> NONE |

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

| | | | | | | |
|--------------------------|--------------------------------------|--------------------------|----------------------------------|-------------|---------------------------------|-------------------------------|
| 2a. ORGANIZATION'S NAME | | | | | | |
| OR | 2b. INDIVIDUAL'S LAST NAME | | FIRST NAME UTILITY | MIDDLE NAME | SUFFIX | |
| 2c. MAILING ADDRESS | | | CITY | STATE | POSTAL CODE | COUNTRY |
| 2d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | | 2g. ORGANIZATIONAL ID #, if any | <input type="checkbox"/> NONE |

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

| | | | | | | |
|--|--------------------------------------|--|------------------------------|-------------------------|----------------------|-------------------|
| 3a. ORGANIZATION'S NAME | | | | | | |
| OR | 3b. INDIVIDUAL'S LAST NAME Becker | | FIRST NAME John | MIDDLE NAME Nikolaus | SUFFIX | |
| 3c. MAILING ADDRESS In care of 20425 Concord Loop | | | CITY Council Bluffs, Iowa | STATE | POSTAL CODE 50153 | COUNTRY U.S.A. |

4. This FINANCING STATEMENT covers the following collateral:

The DEBTORS, TRANSMITTING UTILITIES, are herewith entered in the Commercial Registry and the following property is herewith registered in the same: Birth/Baptism Certificate #668/36, Wien, Oesterreich (Vienna, Austria), Pfarramt St. Paul in Doebeling; THE UNITED STATES OF AMERICA CERTIFICATE OF CITIZENSHIP #A-290408; Account Number 34635; Posted Certified Account #RR046980012US; UNITED STATES OF AMERICA PASSPORT #154707283; UNITED STATES UNIFORMED SERVICES IDENTIFICATION CARD #1292467; NEBRASKA OPERATOR'S LICENSE #G01301761; SOCIAL SECURITY ACCOUNT NUMBER 556-46-4635. All the above property is accepted for value, non-transferable, and is exempt from levy. All proceeds, products, accounts, and fixtures, and the Orders therefrom, are released to the DEBTOR. Hereafter, designation of DEBTOR "JOHN N. BECKER" or "JOHN NIKOLAUS BECKER" shall expressly include all other DEBTORS herewith entered in the Commercial Registry. [Adjustment of this filing is from House Joint Resolution 192 of June 5, 1933 and Uniform Commercial Code Sec 1-104 and Sec 10-104.]

| | | | | | | |
|--|--|--|--|---------------------------------------|-----------------------------------|---|
| 5. ALTERNATIVE DESIGNATION (if applicable) | <input type="checkbox"/> LESSEE/LESSOR | <input type="checkbox"/> CONSIGNEE/CONSIGNOR | <input type="checkbox"/> BAILEE/BAILOR | <input type="checkbox"/> SELLER/BUYER | <input type="checkbox"/> AG. LIEN | <input type="checkbox"/> NON-UCC FILING |
| 6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) | | <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 | | | |
| 8. OPTIONAL FILER REFERENCE DATA | | | | | | |

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John Nikolaus Becker
112129 UC1N

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

| | | |
|----------------------------|------------|---------------------|
| 9a. ORGANIZATION'S NAME | | |
| OR | | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX |
| BECKER | JOHN | NIKOLAUS |

10. MISCELLANEOUS: Additional DEBTOR'S AKAs each with same address, ssn:

- /BECKER, J.N.
- /BECKER, JOHN N. (KLAUS)
- BECKER, JOHN NFG
- BECKER, JOHN N.F.G.
- BECKER, JOHN NICKOLAS FRANCISCO GUIDO
- BECKER, KLAUS
- BECKER, CLAUS JOHN

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

| | | | | |
|-----------------------------|-----------------------------------|---------------------------|-----------------------------------|-------------|
| 11a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | |
| BECKER | JOHN | NICKOLAS | | |
| 11c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| Post Office Box 3507 | | OMAHA | NE | 68103 |
| | | | | COUNTRY |
| | | | | USA |
| 11d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | |
| 4635 | | | 11g. ORGANIZATIONAL ID #, if any | |
| | | | NONE | |

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

| | | | |
|-----------------------------|------------|-------------|-------------|
| 12a. ORGANIZATION'S NAME | | | |
| OR | | | |
| 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |
| 12c. MAILING ADDRESS | | CITY | STATE |
| | | | POSTAL CODE |
| | | | COUNTRY |

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

16. Additional collateral description:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

John Nikolaus Becker

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years

☐ Filed in connection with a Public-Finance Transaction — effective 30 years