CC FINANCING STATEMENT		DOC #	‡ 2015	229685 02:13PM	;
LLOWINSTRUCTIONS				Recor	
NAME & PHONE OF CONTACT AT FILER (optional)		Requested By		(\	
ara Kephart 262-560-2193	j			L TITLE - LAS	VEG.
E-MAIL CONTACT AT FILER (optional)				ounty - NV	
ara.kephart@fbfcwi.com		Sara Simm		Recorder	
SEND ACKNOWLEDGMENT TO: (Name and Address)		Page: 1 of 2		Fee: \$62.00	
	─ 1	Recorded By I Book- 0581 I		RPTT: \$0.00	
First Bank Financial Centre	1	LIBRII ERIO IIII 81	age- t	. 229 181 1818) 8111 1881	
155 W. Wisconsin Ave.	1		12-16-1-2		
Oconomowoc, WI 53066					
L APN 001-221-08		0229685 THE ABOVE SP.	ACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name will not lift in line 1b, leave all of item 1 blank, check here and provide the				r's name); if any part of the l atement Addendum (Form U	
18. ORGANIZATION'S NAME			\		V 7
Raines LLC			1		1
1b. INDIVIDUAL'S SURNAME	IRST PERSONAL NAM		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	YTIC		STATE	POSTAL CODE	COUNTRY
O Box 598	Eureka		NV	89316	USA
	TRST PERSONAL NAMI		STATE	NAL NAME(S)/INITIAL(S)	COUNTRY
D Box 598	Eureka		NV	89316	USA
ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURE 38. ORGANIZATION'S NAME First Bank Financial Centre	D PARTY): Provide on	one Secured Party nar	ne (3a or 31)	· · · · · · · · · · · · · · · · · · ·
	IRST PERSONAL NAMI	1	IADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
\ \					
MAILING ADDRESS C	RITY		STATE	POSTAL CODE	COUNTRY
5 W Wisconsin Ave.	Oconomowec		WI	53066	USA
OLLATERAL: This financing statement covers the following collateral:		1		L	
I inventory, equipment, accounts (including but not limited to it not limited to all promissory notes), letter-of-credit rights, I her rights to payment and performance, and general intangible	etters of credit, diles (including but	ocuments, depos not limited to all	it accour	nts, investment prop and all payment into	erty, money,
gas and other minerals before extraction; all oil, gas, other note to be cut; all attachments, accessions, accessories, fitting the foregoing property, and all additions, replacements of a funds relating to the foregoing property; all good will relating to the foregoing property; all good will relating to the foregoing property, and all equipment, inventory to an electronic media; and all supporting obligations relating the electronic media; and all insurance payments) of the electronic media; and all insurance payments) of the electronic media; and all insurance payments) of the electronic media; and all insurance payments of the electronic media; and electronic	gs, increases, too nd substitutions ng to the foregoin and software to t ng to the foregoin reafter subject to	ls, parts, repairs, for all or any part g property; all re atilize, create, ma g property; all w any rights in the	supplies of the factories and intain an hether in	, and commingled go oregoing property; and data and embedo d process any such ow existing or heres	fixtures; all pods relating all insurance led software records and after arising,
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FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement, i	f line 1b was left blank				
9a. ORGANIZATION'S NAME Raines LLC				\\	
96. INDIVIDUAL'S SÜRNAME		_		\\	
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE	SPACE I	S FOR FILING OFFICE	USE ONLY
 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of do not omit, modify, or abbraviate any part of the Debtor's name) and enter the re- 	100	ine 1b or 2b of the F	inancing S	itatement (Form UCC1) (us	e exact, futi nam
10a. ORGANIZATION'S NAME					
10b. INDIVIDUAL'S SURNAME)	1		
INDIVIDUAL'S FIRST PERSONAL NAME	////				· · · · · · · · · · · · · · · · · · ·
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		//		<u> </u>	SUFFIX
C. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
	OR SECURED PARTY'S	NAME: Provide o	nly <u>one</u> na	me (11a or 11b)	
118. ORGANIZATION'S NAME			Marine .		
R 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	1	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		-			
This FINANCING STATEMENT is to be flied (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEM		Mracted c	ollateral X is filed as a	fixture filing
i. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): Raines LLC 901 N. Main Street Eureka, NV 89316	16. Description of real estate: That portion of the Ea 53 East M.D.B. & M., r Parcel "A" of Eureka map thereof filed in th on July 02, 2012 as Fil	est Half (E 1/2) nore particular Canyon Subdi e office of the	of Secti ly desci vision P	on 11, Township 19 ribed as follows: Phase 1 Stage 1, ac	North, Ran
MISCELLANEOUS: PN 001-221-08					

229685

D+H 400 S.W. 6th Avenue, Portland, Oregon 97204 FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11) Book: 581 07/24/2015 Page: 230 2 of 2