

EUREKA COUNTY, NV

2020-240706

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\$60.00 Pgs=2

06/02/2020 11:25 AM

BANK FIVE NINE - COMMERCIAL

LISA HOEHNE, CLERK RECORDER

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Laura Peters
B. E-MAIL CONTACT AT FILER (optional)
laura.peters@bankfivenine.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
Bank Five Nine
ATTN: Commercial Loan Servicing
155 W Wisconsin Ave
Oconomowoc, WI 53066

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum (Form UCC34d) and provide Debtor's name in item 13.		
229685			
2. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> PARTY INFORMATION CHANGE: Check one of these two boxes: <input type="checkbox"/> Debtor or <input checked="" type="checkbox"/> Secured Party of record. AND Check one of these three boxes to: <input checked="" type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c. <input type="checkbox"/> 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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
OR			
6b. INDIVIDUAL'S SURNAME			
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			
	INDIVIDUAL'S FIRST PERSONAL NAME		
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY
155 W Wisconsin Ave	Oconomowoc	WI	53066 USA
8. <input type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes: <input type="checkbox"/> ADD collateral. <input type="checkbox"/> DELETE collateral. <input type="checkbox"/> RESTATE covered collateral. <input type="checkbox"/> 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 <input type="checkbox"/> and provide name of authorizing Debtor.			
9a. ORGANIZATION'S NAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
OR			
9b. INDIVIDUAL'S SURNAME			
10. OPTIONAL FILER REFERENCE DATA: RAINES LLC - Bank Name Change			

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form  
229685

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

Bank Five Nine

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

Raines LLC

OR

13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ 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):

Raines LLC  
90 Nob Hill Ave  
Eureka, NV 89306

17. Description of real estate:

That portion of the East Half (E 1/2) of Section 11, Township 19 North, Range 53 East M.D.B. & M., more particularly described as follows:  
Parcel "A" of Eureka Canyon Subdivision Phase 1 Stage 1, according to the map thereof filed in the office of the County Recorder, Eureka County, Nevada on July 02, 2012 as File No. 226731.

18. MISCELLANEOUS:  
Raines LLC