EUREKA COUNTY, NV

2020-240707

Rec:\$60.00 2 560.00

Pgs=2

06/02/2020 11:25 AM

BANK FIVE NINE - COMMERCIAL

LISA HOEHNE, CLERK RECORDER

OLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)	$\rightarrow -$			- /	
Laura Peters	N	V ₁		/	- /
B. E-MAIL CONTACT AT FILER (optional)	76	N		/	- /
laura.peters@bankfivenine.com	7%	N		1	/
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		7%		r.	/
Bank Five Nine	- Ph.	7%	- 1		r .
ATTN: Commercial Loan Servicing 155 W Wisconsin Ave	1 The	79	w	1	
Oconomowoc, WI 53066	74	No.		100	
	in.	N		1	
	The state of the s			R FILING OFFICE	
a. INITIAL FINANCING STATEMENT FILE NUMBER 229685	or r	FINANCING STATE ecorded) in the REAL attach Amendment Ad	LESIAIE	GECORUS.	
 TERMINATION: Effectiveness of the Financing Statement Identifies 	ed above is lerminated with respect	lo the security inlere	st(s) of Sec	ured Party authoriz	ng this Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate aff	7a or 75, <u>and</u> address of Assignee is fected collateral in item 8	n item 7c <u>and</u> name o	of Assignor	in Item 9	N
 CONTINUATION: Effectiveness of the Financing Statement identical continued for the additional period provided by applicable law 	tified above with respect to the secu	rity interest(s) of Sec	oured Party	authorizing this Con	tinuation Statemen
5. PARTY INFORMATION CHANGE:	1	_			
CHECK CITY OF THESE CAN DEVES	eck gae of these three boxes to: CHANGE name and/or address: Cor	nolete ACD na	me: Comele	elterr	name: Give record :
This Change affects Debtor of Secured Party of record	CHANGE name and/or address: Cor item 5a or 5b; and Rem 7a or 7b and		me: Comple , and item ?	to be dee	ited in item 6a or 5b
CURRENT RECORD INFORMATION: Complete for Party Information					
	on Change - provide only one name (6	a or 6b)			707
69. ORGANIZATION'S NAME	on Change - provide only <u>one</u> name (6	a or 6b)			
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	NITIAL FINANCING STATEMENT FILE NUMBER: Sam 9685	ne as item 1a on Amendment form	_
2. 1	NAME OF PARTY AUTHORIZING THIS AMENDMENT:	Same as item 9 on Amendment form	
	123, organization's name Bank Five Nine		
R	125. INDIVIDUAL'S SURNAME		
	FIRST PERSONAL NAME		
	FIRST PERSONAL NAME		
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
2	Name of DEBTOR on related financing statement (Name		poses only in some filing offices - see instruction item 13): Provide only
٠.	one Debtor name (13a or 13b) (use exact, full name; do not om	if, modify, or abbreviate any part of the Debtor's name)	see Instructions if name does not fit
	13a, ORGANIZATION'S NAME		
R	Raines LLC 135, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
Ì	130, INDIVIGUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME ETS/INTITIALEST
4.,	IDDITIONAL SPACE FOR ITEM 8 (Colfateral):		~ / /
	/ /		
5.	hs FINANCING STATEMENT AMENDMENT:	-17. Description of re	cal cstate;
ļ	h s FINANCING STATEMENT AMENDMENT: sovers simber to be cut	at 🔽 is filed as a fixture filling '	oal csiate:
6.	covers timber to be cut covers as-extracted collaters (ame and address of a RECORD OWNER of real estate describ (Debtor does not have a record interest):	at V is filed as a fixture filing bed in item 17	
a.	covers timber to be out covers as-extracted collators came and address of a RECORD OWNER of real estate described to the contract of the contr	at V is filed as a fixture filing bed in item 17 That portion	of the East Half (E 1/2) of Section 11, Yownship 19 North, R
3. i	covers timber to be cut covers as-extracted collaters (ame and address of a RECORD OWNER of real estate describ (Debtor does not have a record interest):	at is filed as a fixture filing bed in item 17 That portion 53 East M.D. Parcel "A" o map thereof	of the Sact Half (E 4/2) of Section 11. Township 19 North, R