	EUREKA COUNTY, NV 2024-253061		
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	BANK FIVE NINE - COMMERCIAL		
	KATHERINE J. BOWLING, CLERK RECORDER		
	/\		
UCC FINANCING STATEMENT AMENDMENT			
FOLLOWINSTRUCTIONS	\ \		
A. NAME & PHONE OF CONTACT AT FILER (optional)	\ \		
Nicole R. Meracle 262-560-2041	\ \		
B. E-MAIL CONTACT AT FILER (optional)	\ \		
nicole.meracle@bankfivenine.com	\ \		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Bank Five Nine (fka First Bank Financial Centre)			
155 W Wisconsin Ave			
Oconomowoc, WI 53066			
LAPN:001-221-08			
	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY		
1a. INITIAL FINANCING STATEMENT FILE NUMBER 229685	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS		
	Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 1		
 TERMINATION: Effectiveness of the Financing Statement identified above is terminate Statement 	d with respect to the security interest(s) of Secured Party authorizing this Termination		
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address.	o of Aggings in item 7s and name of Aggings in item 0		
For partial assignment, complete items 7 and 9 and also indicate affected collateral in ite			
 CONTINUATION: Effectiveness of the Financing Statement identified above with resp continued for the additional period provided by applicable law 	ect to the security interest(s) of Secured Party authorizing this Continuation Statement is		
			
5. PARTY INFORMATION CHANGE: Charles are of these type beyon: AND Check one of these three	a hoves to		
Check one of these two boxes. ————————————————————————————————————	or address: CompleteADD name: Complete itemDELETE name: Give record nam		
This Change affects Debtor or Secured Party of record item 6a or 6b; and ite 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide or	m 7a or 7b <u>and</u> item 7c 7a or 7b, <u>and</u> item 7c 1b to be deleted in item 6a or 6b		
6a. ORGANIZATION'S NAME	niy <u>one</u> name (oa or ob)		
Raines LLC	\ \ \		
OB	ONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provi	ide only one name (7a or 7h) (use exact full name: do not omit modify or abbreviate any nart of the Debtor's name)		
7a. ORGANIZATION'S NAME	and with the first the period of the facility, and not offine, including, or application only part of the period of interney		
OR 7b. INDIVIDUAL'S SURNAME	<u> </u>		
INDIVIDUAL'S FIRST PERSONAL NAME	 		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
7c. MAILING ADDRESS CITY	STATE POSTAL CODE COUNTRY		
DOMATERAL QUANCE III III III III III III III III III I			
B COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	DELETE collateral RESTATE covered collateral ASSIGN collateral		
Indicate collateral:			
\ / /			
\ / /			
\ / /			
\ / /			
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:			
If this is an Amendment authorized by a DEBTOR, check here and provide name of author	izing Debtor		
9a. ORGANIZATION'S NAME DANIZ CITATE NITNIE (CIZA EIDST DANIZ CINANICI	AI CENTDE		
BANK FIVE NINE (FKA FIRST BANK FINANCI	·		
9b. INDIVIDUAL'S SURNAME FIRST PERS	ONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
IO. OPTIONAL FILER REFERENCE DATA:			

11. l	LOW INSTRUCTIONS NITIAL FINANCING STATEMENT FILE NUMBER: Same a 29685	s item 1a on Amendment form	. ()	
	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Sar	me as item 9 on Amendment form	\ \	
ſ	12a. ORGANIZATION'S NAME Bank Five Nine FKA First Bank Fin		\ \	
0.0				
OR	12b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
	Name of DEBTOR on related financing statement (Name of one Debtor name (13a or 13b) (use exact, full name; do not omit, m			13): Provide on
ſ	13a. ORGANIZATION'S NAME Raines LLC			
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14. <i>/</i>	ADDITIONAL SPACE FOR ITEM 8 (Collateral):		//	
/				
15. T	his FINANCING STATEMENT AMENDMENT:	17. Description		
	covers timber to be cut covers as-extracted collateral lame and address of a RECORD OWNER of real estate described in f Debtor does not have a record interest):	n item 17	ned legal description	
	ines LLC . N Main St	901 N Ma	ain St., Eureka NV 89316	
	reka NV 89316	APN: 001	1-221-08	

APN: 001-221-08

That portion of the East Half (E $\frac{1}{2}$) 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 County Recorder, Eureka County, Nevada on July 02, 2012 as File No. 220732.

Address: 901 N Main St., Eureka NV 89316

APN: 001-221-08

