

UCC-3 Form - TERMINATION

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FILER INFORMATION

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SEND ACKNOWLEDGEMENT TO

Contact name: **BANK FIVE NINE**

Mailing Address: **155 W. WISCONSIN AVE.**

City, State Zip Country: **OCONOMOWOC, WI 53066 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: BANK FIVE NINE (FKA FIRST BANK FINANCIAL CENTRE)
