

UCC-3 Form - TERMINATION

Original File Number: **201616913270**

FILER INFORMATION

Full name: **FAYTHE M LEMKE**

Email Contact at Filer: **FAYTHE.LEMKE@BANKFIVENINE.COM**

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)