

11936263
10/28/2014 10:56 AM \$14.00
Book - 10270 Pg - 3817-3819
GARY W. OTT
RECORDER, SALT LAKE COUNTY, UTAH
CT LIEN SOLUTIONS
330 N BRAND BLVD STE 700
GLENDALE CA 91203
BY: LHA, DEPUTY - MA 3 P.

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 8417 -	
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	45446777 UTUT FIXTURE

File with: Salt Lake, UT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME Thompson Michie Associates, LLC				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 428 E Winchester St Ste 100		CITY Salt Lake City	STATE UT	POSTAL CODE 84107
				COUNTRY USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Wells Fargo Bank, N.A.				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS PO Box 8203		CITY Boise	STATE ID	POSTAL CODE 83707-2203
				COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:
Exhibit A

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check <u>only</u> if applicable and check <u>only one</u> box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only one</u> box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
--	--

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:
45446777



UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME
Thompson Michie Associates, LLC

OR
9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR
10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR
11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

Parcel ID:
22-19-256-041-0000

See Exhibit A.

17. MISCELLANEOUS: 45446777-UT-35 8417 - WFB-BBG-BOISE-MAIN-8

Wells Fargo Bank, N.A.

File with: Salt Lake, UT

BK 10270 PG 3818

FIXTURES COLLATERAL EXHIBIT

(Description of Real Property)

Some or all of the Collateral may be located on the following described Real Property: 428 Winchester #100, Salt Lake City, UT 84107.

Description of Real Property

BEG S 89°48'29" E 782 FT & N 0°06'12" E 149.47 FT & E 185 FTFR CEN SEC 19, T 2S, R 1E, SLM; E 33 FT; N 199.41 FT; N 84°35'37" W 18.08 FT; S 186.11 FT; SWLY ALG CURVE TO R 23.56 FT TO BEG. 0.09 AC M OR L. 6600-0931 7074-1479 7088-563 7074-1481 7086-183 7190-0758 8936-3136 9235-300,304,309 9235-311 THRU 3269409-168 10122-4370BEG S 89°48'29" E 782 FT & N 0°06'12" E 149.47 FT & E 218 FTFR CEN SEC 19, T 2S, R 1E, SLM; N 199.41 FT; S 84°35'37" E 18.08 FT; S 182.7 FT; SE'LY ALG CURVE TO L 23.54 FT; W 33 FTTO BEG. 0.09 AC M OR L. 6600-0931 7074-1479 7088-563 7074-1481 7086-0183 7190-0758 8936-3136 9235-0300 THRU 0324 9235-0326 9409-168