ENT 29636:2018 PG 1 of 3 Jeffery Smith Utah County Recorder 2018 Mar 29 03:17 PM FEE 15.00 BY BA RECORDED FOR Backman FPTP UCC FINANCING STATEMENT ELECTRONICALLY RECORDED **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) SUNWEST BANK **Note Department** P.O. Box 1028 TUSTIN, CA 92781-1028 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 J.K.J., LLC OR 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) POSTAL CODE COUNTRY CITY STATE 1c. MAILING ADDRESS 391 N. MAIN STREET, SUITE 2 SPANISH FORK UT 84660 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 ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 2c. MAILING ADDRESS STATE POSTAL CODE COUNTRY

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

6440 S. WASATCH BOULEVARD, SUITE 270

3a. ORGANIZATION'S NAME SUNWEST BANK

3b. INDIVIDUAL'S SURNAME

3c. MAILING ADDRESS

All equipment and fixtures now or hereafter attached or affixed to the Real Property; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).

FIRST PERSONAL NAME

SALT LAKE CITY

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

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 only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Bu	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	

ADDITIONAL NAME(S)/INITIAL(S)

POSTAL CODE

84121

STATE

SUFFIX

COUNTRY

USA

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS						
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	f line 1b was left blan	k				
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9a, ORGANIZATION'S NAME						
J.K.J., LLC						
OR 9b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME						
ADDITIONAL NAME(S)/INITIAL(S)	SUFI	FIX				
			THE ABOVE	CDACE	S FOR FILING OFFICE	HEE ONLY
DEDTODIO MATERIA						
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of			line 1b or 2b of the	Financing S	statement (Form UCC1) (us	se exact, full name;
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the n	mailing address in iin	e 10c				
10a. ORGANIZATION'S NAME						
OR 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
10c. MAILING ADDRESS	CITY	·		STATE	POSTAL CODE	COUNTRY
,	0					
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	IOR SECURED	PARTY'	S NAME: Provide	only <u>one</u> na	me (11a or 11b)	
11a. ORGANIZATION'S NAME						
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	L NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	lam,			STATE	POSTAL CODE	COUNTRY
11c. MAILING ADDRESS	CITY			SIAIE	FOSTAL CODE	COONTRI
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
	,					···
13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCII	NG STATE	MENT:			
REAL ESTATE RECORDS (if applicable)	covers tin	nber to be o	cut 🔲 covers as	-extracted	collateral X is filed as	a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16	16. Description of					
(if Debtor does not have a record interest):					WEST 231.29 FE	
	SOUTHEAS	CORNE	ER OF SECTION	N 24, TO\	WNSHIP 8 SOUTH, F	RANGE 2 EAST
					CE NORTH 88°59'0	
	FEET; THEN	CE NON	THENCE CO.	SI 159.5	1 FEET; THENCE S	COTH 89.57.0.
) H Z Z I	'29" WEST 161.58	FEET TO THE
	POINT OF B					
					T AND WEST 236.	
	THE SOUTH	EAST C	ORNER OF SE	CTION 2	4, TOWNSHIP 8 SO	UTH, RANGE 2
	EAST, SALT	LAKE E	BASE AND MEF	RIDIAN; T	HENCE NORTH 88	'59' WEST
	1					
AT MINOST VANISOVIO	<u> </u>					
17. MISCELLANEOUS:						

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ŀ	JAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State	ement; if line 1b was left blank				
	9a. ORGANIZATION'S NAME		1			
	J.K.J., LLC		<u> </u>			
R	9b. INDIVIDUAL'S SURNAME		-			
	FIRST PERSONAL NAME		1			
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	-			
	7.55/1/2/1/11/12/09/11/11/12/09		THE ABOV	E SPACE I	S FOR FILING OFFICE	USE ONLY
0.	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor		- -	. "		
	do not omit, modify, or abbreviate any part of the Debtor's name) and en	ter the mailing address in line 10c				
	10a. ORGANIZATION'S NAME					
R	10b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
Оc.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
					<u> </u>	<u> </u>
1.	ADDITIONAL SECURED PARTY'S NAME or AS	SSIGNOR SECURED PARTY	'S NAME: Provide	only <u>one</u> na	me (11a or 11b)	
	The story was there is a second secon		•			
R	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME ADDI		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
		CITY		STATE	POSTAL CODE	COUNTRY
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1c.	MAILING ADDRESS	0111				
		O.T.T			1	
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2.	ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorder	d) in the 14. This FINANCING STAT covers timber to be a cover timber to be a covers timber. The covers timber to be a covers timber. The covers time to be a covers time to be a covers time.	e cut covers a te: NCE NORTH 1°4	17' EAST	135 FEET; THENCE :	SOUTH 88°
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