UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

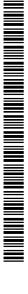
B. E-MAIL CONTACT AT FILER (optional)
uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 46322 - SunTrust Bank
Lien Solutions 89547150
P.O. Box 29071
Glendale, CA 91209-9071
UTUT
FIXTURE
File with: Utah, UT

ENT 113046: 2022 PG 1 of 3
Andrea Allen
Utah County Recorder
2022 Oct 26 10:28 AM FEE 40.00 BY CS
RECORDED FOR Lien Solutions
ELECTRONICALLY RECORDED

	BTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (unler will not fit in line 1b, leave all of item 1 blank, check here				
_	a. ORGANIZATION'S NAME			,	
	b. INDIVIDUAL'S SURNAME JEFFERY	FIRST PERSONAL NAME SAMUEL	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
1c. MA	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
654	W 100 N	SPANISH FORK	UT	84660-3302	USA
_	ne will not fit in line 2b, leave all of item 2 blank, check here a. ORGANIZATION'S NAME	and provide the Individual Debtor information in item	10 of the Financing Sta	atement Addendum (Form	UCC1Ad)
OR 2	b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MA	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3	CURED PARTY'S NAME (or NAME of ASSIGNEE of ASSI BB. ORGANIZATION'S NAME SERVICE FINANCE COMPANY, LLC	I GNOR SECURED PARTY): Provide only <u>one</u> Secure	d Party name (3a or 3	l b)	
OR 3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
3c. MA	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
555	S FEDERAL HIGHWAY STE 200	BOCA RATON	FL	33432	USA
	LLATERAL: This financing statement sovers the following colla	#1.	•	•	•

4. COLLATERAL: This financing	g statement cov	vers the following	i collaterai:
HVAC EQUIPMENT			



5 Check only if applicable and check only one how Collateral is Thold in a Twist (as a LICCAA di item 47 and Instruction	a) Their a desirate and have Decedent's December Development			
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:				
6a. Check only if applicable and check only one box:				
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility				
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/	/Buyer Bailee/Bailor Licensee/Licensor			
8. OPTIONAL FILER REFERENCE DATA:				
89547150 3356228				

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing because Individual Debtor name did not fit, check here	Statement; if line 1b was lef	ft blank				
9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME						
JEFFERY						
FIRST PERSONAL NAME SAMUEL						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
			THE ABOVE	SPACE	IS FOR FILING OFF	ICE USE ONLY
D. DEBTOR'S NAME: Provide (10a or 10b) only one additional l			ne 1b or 2b of the Fi	nancing St	tatement (Form UCC1) (us	e exact, full name
do not omit, modify, or abbreviate any part of the Debtor's name) a 10a. ORGANIZATION'S NAME	and enter the mailing address	s in line 10c				
R 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
Dc. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME OF	ASSIGNOR SECUR	PED PARTY'S N	ΔME: Provide only	one nam	e (11a or 11b)	
11a. ORGANIZATION'S NAME		(LDT/II(TTOTA	AME. I lovide only	One nam	e (Tra or Trb)	
3 445 INDIVIDUALIS CUDNAME						
11b. INDIVIDUAL'S SURNAME	FIRST PERS	SONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				•		
3. X This FINANCING STATEMENT is to be filed [for record] (or	reported in the 14. This FI	NIANCING STATE	MENIT:			
REAL ESTATE RECORDS (if applicable)		vers timber to be c	_	extracted	collateral X is filed as	a fixture filing
5. Name and address of a RECORD OWNER of real estate descri	bed in item 16 16. Descrip	ption of real estate				
(if Debtor does not have a record interest):	Parce					
	52-69	98-0017				
	DAD	CEL #: 52-	609 0017			
	FAR(JEL #. 3Z-	-090-001/			
		·CDV				
	1.1666	FRY				
	JEFF 654 V		RTH - SPA	NISH	FORK	
			RTH - SPA	NISH	FORK	

SERVICE FINANCE COMPANY, LLC File with: Utah, UT

3356228

17. MISCELLANEOUS: 89547150-UT-49 46322 - SunTrust Bank

Debtor: JEFFERY, SAMUEL

Exhibit for Real Estate

16. Description of real estate: Continued LEGAL DESCRIPTION: LOT 17, PLAT F, SUNSET PARK PRD SUBDV. AREA 0.104 AC.

DOC #: 1878-2020

01/02/2020