CLIOW INSTRUCT NAME & PHONE O Corporation Sen SEND ACKNOWLE 64639658 Corporat 801 Adia	NG STATEMENT IONS (front and back) CAREFULLY F CONTACT AT FILER [optional] vice Company 1-800-858-5294 EDGMENT TO: (Name and Address) 322380 ion Service Company i Stevenson Drive Id, IL 62703-4261		GA RECO CORP SOI SPRI	11/2012 04:28 - 9992 Ps - R'Y W. RDER, SALT L ORATION SERV ADLAI STEVEN NGFIELD IL 6: ZJM, DEPUTY	9359-9361 OTT AKE COUNTY, ICE CO SON DR 2703	
L	Filed In: (Jtah Salt Lake THE ABOVE	E SPACE IS FO	R FILING OFFICE US	SE ONLY	
DEBTOR'S EXAC	FULL LEGAL NAME-insert only one debtor name (1a o	r1b) - do not abbreviate or combine names				
	SNAME HAPPY VALLEY CHOCOLA	NIE, INC.				
15. INDIVIDUAL'S LA	STNAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
. MAILING ADDRESS	50 S MAIN ST SPACE 115A	CITY	STATE	POSTAL CODE	COUNTRY	
	30 3 MAIN 31 SFACE 113A	SALT LAKE CITY	UT	84111	USA	
SEEINSTRUCTIONS	ADD'L INFO RE 16. TYPE OF ORGANIZATION ORGANIZATION CORPORATION	11. JURISDICTION OF ORGANIZATION UT		ANIZATIONAL ID #, if any 264-0142		
ADDITIONAL DEB	FOR'S EXACT FULL LEGAL NAME - insert only of SNAME	ne debtor name (2a or 2b) - do not abbreviate or com	nbine names			
25 1000000000000	OT 11115				SUFFIX	
26, INDIVIDUAL'S LA	STNAME	FIRST NAME	MIDDLE	MIDDLE NAME		
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
SEEINSTRUCTIONS	ADD'L INFO RE 2e, TYPE OF ORGANIZATION ORGANIZATION DEBTOR	21. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	_	
SECURED PART	T'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name (3a or 3b)	<u> </u>	<u>-</u>	NONE	
3a. ORGANIZATION	SNAME ZIONS FIRST NATIONAL B	ANK				
3b. INDIVIDUAL'S LA	STNAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
1111110 1000700						
	1 SOUTH MAIN	SALT LAKE CITY	UT	POSTAL CODE 84133	USA	
II Fixtures; whether	EMENT covers the following collateral: er any of the foregoing is owned now or acq cords of any kind relating to any of the fore counts proceeds)	uired later; all accessions, additions, re going; all proceeds relating to any of the	placements, a e foregoing (in	and substitutions rel ncluding insurance,	lating to any of general	
AI TEDNATIVE DECIGIO	NATION [if applicable]: LESSEE/LESSOR CO	NSIGNEE/CONSISNOR BAILEE/BAILOR	SELLER/BU	YER AG, LIEN	NON-UCC FILING	

FILING OFFICE COPY — UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

. NAME OF FIRST DERT		CAREFULLY ON RELATED FINANCING STA	TEMENT			
		VALLEY CHOCOLAT				
9b. INDIVIDUAL'S LAST N	A 1.45	FIRST NAME	MIDDI E MANE OUTERS			
SU. INDIVIDUALS EAST N	-ME	FIRST NAME	MIDDLE NAME, SUFFIX			
.MISCELLANEOUS:						
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			i			
				THE ABOVE SPA	CE IS FOR FILING OFF	ICE USE ONLY
1. ADDITIONAL DEBTOR	R'S EXACT FUL	L LEGAL NAME - insert only one	name (11a or 11b) - do not abbreviate or o	combine names		
Tra. ORGANIZATION 3 NA	ML					
R 11b. INDIVIDUAL'S LAST N	R 11b. INDIVIDUAL'S LAST NAME			MIDE	DLE NAME	SUFFIX
c. MAILING ADDRESS			СПУ	STAT	E POSTAL CODE	COUNTRY
d. SEE INSTRUCTIONS	ADD'L INFO RE	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATIO	ON 11g.	ORGANIZATIONAL ID#, if	any
	ORGANIZATION DEBTOR		<u> </u>	<u> </u>		
. ADDITIONAL SECU		'S or ☐ ASSIGNOR S/P'S	NAME - insert only one name (12a or	12b)		
128. URGANIZATION'S NA	ME					
R 12b, INDIVIDUAL'S LAST N	IAME		FIRST NAME	MIDE	LE NAME	SUFFIX
126, INDIVIDUAL'S LAST N	IAME					
R 12b, INDIVIDUAL'S LAST N	IAME		FIRST NAME	MIDE		SUFFIX
to. MAILING ADDRESS		nber to be cut or as-extracted				
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22. MAILING ADDRESS 3. This FINANCING STATEME collateral, or is filed as a 24. Description of real estate: REAL PROPERTY SITUMORE PARTICULARLY BEGINNING AT THE NOPLAT "A" BIG FIELD SUBSCIPPING THENCE SOUTH, RANGE 1 WESAND RUNNING THENCE SOUTH STAND RUNNING THE	JATED IN SAI JATED IN SAI DESCRIBED ORTH WEST JRVEY, SECT ST, SALT LAK E N89 59'38" ET; THENCE 159.10 FEET; 0 01'18"E 106.	LT LAKE COUNTY, UTAH, DAS FOLLOWS: CORNER OF BLOCK 76, TON 6, TOWNSHIP 1 SE BASE AND MERIDIAN E 165.07 FEET; THENCE S89 59'52"E 66.03 FEET; THENCE N89 59'38"E 261.07 FEET; THENCE S89 59	16. Additional collateral description: 17. Check only if applicable and check Debtor is a Trust or Trustee a	STAT STAT Souly one box. acting with respect to souly one box.	E POSTAL CODE	COUNTRY

FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 05/22/02)

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86. INDIVIDUAL'S LAST NA	ME	FIRST NAME		MIDDLE NAME, SUFFIX				
MISCELLANEOUS:			-					
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11b. INDIVIDUAL'S LAST NAME		FIRST	NAME		MIDDLE NAME		SUFFIX	
: MAILING ADDRESS			ary			STATE	POSTAL CODE	COUNTR
	ADD'L INFO RE 11 ORGANIZATION DEBTOR	e. TYPE OF ORGANIZATION	11f. Ji	URISDICTION OF ORGAN	IZATION	11g. ORG	ANIZATIONAL ID #, if a	iny 🗍
ADDITIONAL SECU		or ASSIGNOR S/P"	S NAM	E - insert only <u>one</u> name (12a or 12b)		-	
125. 51.6/11/2/11/5/16/10/10						,		
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		T. PARCEL #15-01-227	, <u> </u>					
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Name and address of a REC	ORD OWNER of abo	ve-described real estate	-					
(if Debtor does not have a rec	ord interest):							
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				eck <u>only</u> if applicable and				_
				is a Trust or Tru			operty held in trust or	Decedent's E
				ant anhi d'annianhla nad	check only one box			
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