

ENTRY NO. 01170848

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Uniform Commercial Code PAGE 1/2

RHONDA FRANCIS, SUMMIT COUNTY RECORDER

FEE 40.00 BY MEDALLION BANK



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Connie Sorenson (801) 747-7713 1172127		
B. EMAIL CONTACT AT FILER (optional) csorenson@medallionbank.com		
C. SEND ACKNOWLEDGMENT TO: (Name and Address) MEDALLION BANK 1100 EAST 6600 SOUTH, SUITE 510 SALT LAKE CITY, UT 84121 FILED IN: SUMMIT,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				
OR				
1b. INDIVIDUAL'S SURNAME Lefler	FIRST PERSONAL NAME Jann	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 3544 E STATE ROAD 35	CITY Kamas	STATE UT	POSTAL CODE 84036	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 USA

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 MEDALLION BANK				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS 1100 EAST 6600 SOUTH, STE 510	CITY SALT LAKE CITY	STATE UT	POSTAL CODE 84121	COUNTRY USA

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

Electrical Panel Install - Fixture Filing

THE FOLLOWING PROPERTY IS SITUATED IN KAMAS, COUNTY OF SUMMIT, STATE OF UTAH TO WIT:
PARCEL 1: A PORTION OF LAND LOCATED IN THE NW1/4 OF SEC 12, T3S R6E SLBM & HAVING A BASIS OF BEARING TAKEN AS S 0°39'08" W BETWEEN THE NW COR & THE SW COR OF SAID SEC 12, DESC AS FOL: BEG AT A PT S 0° PROPERTY ADDRESS: 3544 E STATE ROAD 35, KAMAS, UT 84036 PARCEL ID#: CD-2234 ALT APN: 0151104

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: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing

6b. Check only if applicable and check only one box:

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

8. OPTIONAL FILER REFERENCE DATA:

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

OR

9b. INDIVIDUAL'S SURNAME
Lefler

FIRST PERSONAL NAME
Jann

ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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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
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10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
				USA

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
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11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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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):

Owners: Jann Lefler

16. Description of real estate:

THE FOLLOWING PROPERTY IS SITUATED IN KAMAS, COUNTY OF SUMMIT, STATE OF UTAH TO WIT: PARCEL 1: A PORTION OF LAND LOCATED IN THE NW1/4 OF SEC 12, T3S R6E SLBM & HAVING A BASIS OF BEARING TAKEN AS S 0°39'08" W BETWEEN THE NW COR & THE SW COR OF SAID SEC 12, DESC AS FOL: BEG AT A PT S 0° PROPERTY ADDRESS: 3544 E STATE ROAD 35, KAMAS, UT 84036 PARCEL ID#:CD-2234 ALT APN: 0151104

17. MISCELLANEOUS: