11890720 8/1/2014 9:52:00 AM \$14.00 Book - 10249 Pg - 8994-8996 Gary W. Ott Recorder, Salt Lake County, UT LANDMARK TITLE BY: eCASH, DEPUTY - EF 3 P.

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) **Phyllis Cummings** B. E-MAIL CONTACT AT FILER (optional) pcummings@parrbrown.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)

name will not fit in line 2b, leave all of Item 2 blank, check here and an aname will not fit in line 2b, leave all of Item 2 blank, check here and an aname will not fit in line 2b, leave all of Item 2 blank, check here and aname will not fit in line 2b, leave all of Item 2 blank, check here and aname will not fit in line 2b, leave all of Item 2 blank, check here and aname will not fit in line 2b, leave all of Item 2 blank, check here and aname will not fit in line 2b, leave all of Item 2 blank, check here and aname will not fit in line 2b, leave all of Item 2 blank, check here and aname will not fit in line 2b, leave all of Item 2 blank, check here and aname will not fit in line 2b, leave all of Item 2 blank, check here and aname will not fit in line 2b, leave all of Item 2 blank, check here and aname will not fit in line 2b, leave all of Item 2 blank, check here aname will not fit in line 2b, leave all of Item 2 blank, check here aname will not fit in line 2b, leave all of Item 2 blank, check here aname will not fit in line 2b, leave all of Item 2 blank, check here aname will not fit in line 2b, leave all of Item 2 blank, check here aname will not fit in line 2b, leave all of Item 2 blank, check here aname will not fit in line 2b, leave all of Item 2 blank, check here aname will not fit in line 2b, leave all of Item 2 blank, check here aname will not fit in line 2b, leave all of Item 2 blank, check here aname will not fit in line 2b, leave all of Item 2 blank, check here aname will not fit in line 2b, leave all of Item 2 blank, check here aname will not fit in line 2b, leave all of Item 2 blank, check here aname will not fit in line 2b, leave all of Item 2 blank, check here aname will not fit in line 2b, leave all of Item 2 blank, check here aname will not fit in line 2b, leave all of Item 2 blank, check here aname will not fit in line 2b, leave all of Item 2 blank, check here aname will not fit in line 2b, leave all of Item 2 blank, check here aname will not fit in line 2b, leave all of Item 2 blank, check h	FIRST PERSONAL NAME  CITY  IOR SECURED PARTY): Provide only one Secure  ay of Michigan  FIRST PERSONAL NAME	ADDITIO STATE d Parly name (3a or 3l	NAL NAME(S)/INITIAL(S)	SUFFIX  COUNTRY  SUFFIX  COUNTRY  USA
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90 South 400 West, Suite 200  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use of the control of the	it full areas do not amit, modify, or abbreviate	any part of the Debtor	s name); if any part of the li	ndividual Debtor's
c. MAILING ADDRESS	Salt Lake City	UT	84101	USA
		STATE	POSTAL CODE	COUNTRY
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	FIRST PERSONAL NAME ADDITIONAL		MINICOPHATICAL
Boyer Airport Center III, L.C.		TADDITION	VAL NAME(S)/INITIAL(S)	ISUFFIX
1a, ORGANIZATION'S NAME				
name will not fit in line 1b, leave all of item 1 blank, check here and	xact, full name; do not offit, modify, of abbreviate to provide the Individual Debtor information in item 1	0 of the Financing Sta	tement Addendam (Form O	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use e	xact, full name; do not omit, modify, or abbreviate a	any part of the Debtor's	s name); if any part of the Ir	idividual Debtor's
	THE ABO	OVE SPACE IS FO	R FILING OFFICE USE	ONLY
Salt Lake City, UT 84111	Ì			
G V T 1 GV TYP 04111				
101 South 200 East, Suite 700	ĺ			

All fixtures and all tangible and intangible personal property of Debtor, which are related to or a part of the land and improvements described in Schedule A, whether now owned or hereafter acquired by Debtor, or in which Debtor may now have or hereafter acquire any interest, including, without limitation, (a) all equipment (including all machinery, tools and furniture), whether now owned or hereafter acquired by Debtor, or in which Debtor may now have or hereafter acquire an interest; (b) all instruments, leases, accounts, documents of title, policies and certificates of insurance, proceeds of insurance and condemnation awards, now or hereafter owned by Debtor, or in which Debtor may now have or hereafter acquire an interest; (c) all accessions, additions or improvements to, all replacements, substitutions and parts for, and all proceeds and products of, all of the foregoing; (d) all books, records and documents relating to all of the foregoing; and (e) all properties and assets of every type relating to all of the foregoing.

Turk (see	UCC1Ad, Item 17 and Instructions)	being administered by a Deceder	nt's Personal Representative		
5. Check only a applicable data street and	BCC (Ad, Refit 17 and metaconers)	6b. Check only if applicable and o	check only one box:		
6a. Check only if applicable and check only one box:	A Debtor is a Transmitting Utility	Agricultural Lien	Non-UCC Filling		
Public-Finance Transaction Manufactured-Home Transaction			Licensee/Licensor		
7. ALTERNATIVE DESIGNATION (If applicable): Lessee/Lessor Cons	signee/Consignor Seller/Buye	3f Dallect Dalloi			
8. OPTIONAL FILER REFERENCE DATA: County Clerk of Salt Lake County - 153280.1			(1000		
	International	Association of Commercia	I Administrators (IACA		
THE OFFICE CORY LUCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)					

FILING OFFICE COPY - UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

## 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 Boyer Airport Center III, L.C. OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 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 SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) COUNTRY POSTAL CODE CITY 10c. MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME SUFFIX ADDITIONAL NAME(S)/INITIAL(S) OR FIRST PERSONAL NAME 11b. INDIVIDUAL'S SURNAME COUNTRY POSTAL CODE STATE 11c. MAILING ADDRESS 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 filling 15, Name and address of a RECORD OWNER of real estate described in Item 16 16. Description of real estate: (if Debtor does not have a record interest): See Schedule "A" attached hereto. 17. MISCELLANEOUS: County Clerk of Salt Lake County International Association of Commercial Administrators (IACA) FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)

## SCHEDULE A

## **DESCRIPTION OF REAL ESTATE**

LOT 3, ONE AIRPORT CENTER PHASE I, according to the official plat thereof, filed in Book "2000P" of Plats, at Page 206 of the official Records of the Salt Lake County Recorder.

Tax Parcel No. 16-19-326-021