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ADAM GARDINER

RECODER, SALT LAKE COUNTY, UTAH

CT LIEN SOLUTIONS

330 N BRAND BLVD STE 700

GLENDALE CA 91203

BY: CBA, DEPUTY - MA 3 P.

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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

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

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 21670 - TIME

Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071

61192624

UTUT
FIXTURE

File with: Salt Lake, 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 Trowbridge FIRST PERSONAL NAME David ADDITIONAL NAME(S)/INITIAL(S) G SUFFIX

1c. MAILING ADDRESS 1396 East 6400 South CITY Murray STATE UT POSTAL CODE 84121 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 Trowbridge FIRST PERSONAL NAME Suell ADDITIONAL NAME(S)/INITIAL(S) I SUFFIX

2c. MAILING ADDRESS 1396 East 6400 South CITY Murray STATE UT POSTAL CODE 84121 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 Time Investment Company Inc

OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

3c. MAILING ADDRESS 100 N 6th Ave CITY West Bend STATE WI POSTAL CODE 53095 COUNTRY USA

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

All interest of the Debtor in the installed home improvement system (Energy Squared) now or hereafter acquired, and all spare and repair parts, special tools, equipment and replacements for, software used in, and supporting products of the foregoing, wherever located.

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

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

Agricultural Lien Non-UCC Filing

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

8. OPTIONAL FILER REFERENCE DATA:

61192624

02-00431084

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 Trowbridge	
FIRST PERSONAL NAME David	
ADDITIONAL NAME(S)/INITIAL(S) G	SUFFIX

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			
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME <u>or</u> <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (11a or 11b)				
11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> 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):	16. Description of real estate: Parcel ID: 22-21-151-015-0000
The following described tract(s) of land in Salt Lake County, State of Utah: Commencing at a point located North 0°41'42" West along the section line 3830.58 feet and East 222.54 feet from the Southwest corner, Section 21, Township [See Exhibit for Real Estate]	

17. MISCELLANEOUS: 61192624-UT-35 21670 - TIME INVESTMENT COMP Time Investment Company Inc File with: Salt Lake, UT 02-00431084

FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

BK 10614 PG 1781

Debtor: Trowbridge, David, G

Exhibit for Real Estate

16. Description of real estate: Continued

2 South, Range 1 East, Salt Lake Base and Meridian, said point also located South 89°46'54" East along the monument line 625.51 feet and South 33.00 feet from a monument located in the intersection of 1300 East Street and 64400 South Street; Thence South 123.31 feet; Thence East along Tanglewood Subdivision 81.94 feet; Thence North to the South boundary of 6400 South Street 122.97 feet; Thence North 89°46'54" West along said boundary 81.94 feet to the POINT OF BEGINNING.

Property Address: 1396 East 6400 South, Murray, Utah 84121

APN: 22-21-151-015-0000