

## UCC FINANCING STATEMENT AMENDMENT

### 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) 55302 - Launch Servicing,

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

82972810  
 UTUT  
 FIXTURE

File with: Cache, UT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

#### 1a. INITIAL FINANCING STATEMENT FILE NUMBER

E1298635 B2284 P897 9/13/2021 CC UT Cache

#### 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record]

(or recorded) in the REAL ESTATE RECORDS

Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2.  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3.  ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4.  CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

#### 5. PARTY INFORMATION CHANGE:

Check one of these two boxes:

This Change affects  Debtor or  Secured Party of record

AND Check one of these three boxes to:

CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c  ADD name: Complete item 7a or 7b, and item 7c  DELETE name: Give record name to be deleted in item 6a or 6b

#### 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

##### 6a. ORGANIZATION'S NAME

Cross River Bank c/o Sunlight Financial

OR

##### 6b. INDIVIDUAL'S SURNAME

##### FIRST PERSONAL NAME

##### ADDITIONAL NAME(S)/INITIAL(S)

##### SUFFIX

#### 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

##### 7a. ORGANIZATION'S NAME

SLSLT UNDERLYING TRUST 2020-1

OR

##### 7b. INDIVIDUAL'S SURNAME

##### INDIVIDUAL'S FIRST PERSONAL NAME

##### INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

##### SUFFIX

#### 7c. MAILING ADDRESS

c/o Wilmington Trust, NA, 1100 North Market Street

##### CITY

Wilmington

##### STATE

DE 19890

##### COUNTRY

USA

#### 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral

Indicate collateral:

#### 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor

##### 9a. ORGANIZATION'S NAME

Cross River Bank c/o Sunlight Financial

OR

##### 9b. INDIVIDUAL'S SURNAME

##### FIRST PERSONAL NAME

##### ADDITIONAL NAME(S)/INITIAL(S)

##### SUFFIX

#### 10. OPTIONAL FILER REFERENCE DATA: Debtor Name: CHILCOAT, RICHARD

82972810

LoanID 180162

**UCC FINANCING STATEMENT AMENDMENT ADDENDUM****FOLLOW INSTRUCTIONS**

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

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12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

Cross River Bank c/o Sunlight Financial

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME

OR

13b. INDIVIDUAL'S SURNAME

CHILCOAT

FIRST PERSONAL NAME

RICHARD

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Debtor Name and Address:

CHILCOAT, RICHARD - 90 S SHERWOOD DR , PROVIDENCE, UT 84332

Secured Party Name and Address:

SLSLT UNDERLYING TRUST 2020-1 - c/o Wilmington Trust, NA 1100 North Market Street, Wilmington, DE 19890

15. This FINANCING STATEMENT AMENDMENT:

 covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing16. Name and address of a RECORD OWNER of real estate described in item 17  
(if Debtor does not have a record interest):

17. Description of real estate:

Legal Description LOT 84 FOXRIDGE UNIT 8  
CONT 0.38 AC  
APN: 03-127-0884  
County: CACHE  
Lot: 84

18. MISCELLANEOUS: 82972810-UT-5 55302 - Launch Servicing, LL

Cross River Bank c/o Sunlight Financial File with: Cache, UT LoanID 180162 .