SEMAL CONTACT TELER (optional) SPRFIIIIng@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1961 42833 CSC B01 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Utah (Salt Lake) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only gag Debtor name (1s 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 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 Addrendum (Form UCC1ad) 1a. ORGANIZATION'S NAME Ib. INDIVIDUAL'S SURNAME MOLL ANTHONY G C. MAILING ADDRESS 5687 W SUNKIST DR CITY SALT LAKE CITY UT B4118-7949 USA DEBTOR'S NAME: Provide only gag 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 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 Addrendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gag Secured Party name (2a or 3b) 3b. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gag Secured Party name (2a or 3b) 3c. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX C. MAILING ADDRESS One Corporate Drive Suite 300 CITY Wausau STATE POSTAL CODE COUNTRY Wausau STATE POSTAL CODE COUNTRY Wausau	CC FINANCING STATEMENT DLLOW INSTRUCTIONS		CSC PO BC SPRIN	:DER, SALT LAKE 0X 2969 10FIELD IL 6270:	8
SPRFilling@cscglobal.com SEND ACKNOWLEDGMENT TO: (Name and Address) [1961 42833 CSC 801 Addai Stevenson Drive Springfledt, IL 62703 Filed In: Utah (Salt Lake) DEBTOR'S NAME: Provide only gag 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 information in item 10 of the Financing Statement Addrendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME NOLL In INDIVIDUAL'S SURNAME MOLL SHALLING ADDRESS 5687 W SUNKIST DR SALT LAKE CITY STATE POSTAL CODE COUNTRY SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gang Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gang Secured Party name (3a or 3b) SOURCED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gang Secured Party name (3a or 3b) SOURCED PARTY SNAME (or NAME of ASSIGNEE	NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294		BY: T	'CA, DEPUTY - M	A 2 P.
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Consignee/Consignor

Seller/Buyer

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor
8. OPTIONAL FILER REFERENCE DATA: :CXSS001890866

Licensee/Licensor

1961 42833

Bailee/Bailor

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS								
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left	t blank						
9a. ORGANIZATION'S NAME								
OR 9b. INDIVIDUAL'S SURNAME								
MOLL								
FIRST PERSONAL NAME								
ANTHONY	 -	OLIES W						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			0 500 5H INO 055H	25 H25 ON V		
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or	r Debtor name i	that did not fit in			S FOR FILING OFFIC			
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m	nailing address	in line 10c	Interior 20 or are r	monong c				
10a. ORGANIZATION'S NAME						-		
OR NOVERLAND CHEMANS								
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		
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11. ADDITIONAL SECURED PARTY'S NAME of ASSIGN	OR SECUR	(ED PARTY	S NAME: Provide	only <u>one</u> na	ame (11a or 11b)			
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OR 11b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S	S) SUFFIX		
	<u></u>							
11c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY		
					<u> </u>			
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):								
	Tee							
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)		ANCING STATE ers timber to be	_	-extracted	collateral is filed	as a fixture filing		
15. Name and address of a RECORD OWNER of real estate described in item 16		ion of real estate		-extracted	Conactar [g] to med	as a fixture timing		
(if Debtor does not have a record interest): ANTHONY G MOLL	5687 W SUNKIST DR,							
5687 W SUNKIST DR,	SALT LAKE CITY, UT 84118-7949							
SALT LAKE CITY, UT 84118-7949	County: SALT LAKE COUNTY							
	Parcel	Parcel Number: 20-14-283-007 FULL LEGAL DESCRIPTION: LOT 37, SUNCREST NO. 2,						
	ACCOR	DING TO	THE DEFICE	LUI 31 Al Pi <i>l</i>	AT THEREOF C	NO. 2, NN FILE AND		
	OF REC	CORD IN T	THE SALT LA	KE CC	OUNTY RECOR	DER'S		
	OFFICE							
47 MISCELLANEOUS								
17. MISCELLANEOUS:								