CC FINANCING STATEMENT	Record at the request of and when recorded return to: Loanpal, LLC	Book - 11026 Pg - 3911-3912 RASHELLE HOBBS RECORDER, SALT LAKE COUNTY, U' PARAMOUNT EQUITY MORTGAGE PO BOX 4387			
A. NAME & PHONE OF CONTACT AT FILER (optional)		PORTLAND OR 97208 BY: MZA, DEPUTY - MA 2 P.			
E-MAIL CONTACT AT FILER (optional)	_	D1- 112	n pereir in	21.	
filings@loanpalsupport.com					
SEND ACKNOWLEDGMENT TO: (Name and	Address)				
Loanpal, LLC	l I				
PO Box 4387					
Portland, OR 97208					
			on the office Her	ONLY	
DERTORIC NAME: D	e (1a or 1b) (use exact, full name; do not omit, modify, o	THE ABOVE SPACE IS F			
name will not fit in line 1b, leave all of item 1 blank, chi		tion in item 10 of the Financing S	Statement Addendum (Form	UCC1Ad)	
1a. ORGANIZATION'S NAME					
Th. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	1	ONAL NAME(S)/INITIAL(S)	SUFFIX	
R 16. INDIVIDUAL'S SURNAME ROdriguez	Jennifher	Т			
Rodriguez MAILING ADDRESS 621 S 6000 W	Jennifher CITY West Valley e (2a or 2b) (use exact, full name; do not omit, modify, o	T STATE UT	POSTAL CODE 84128 or's name); if any part of the	COUNTRY USA Individual Debt	
1b. INDIVIDUAL'S SURNAME Rodriguez MAILING ADDRESS 621 S 6000 W DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, ch	Jennifher CITY West Valley e (2a or 2b) (use exact, full name; do not omit, modify, o	STATE UT abbreviate any part of the Debt tion in item 10 of the Financing S	POSTAL CODE 84128 or's name); if any part of the	COUNTRY USA Individual Debte	
1b. INDIVIDUAL'S SURNAME Rodriguez MAILING ADDRESS 621 S 6000 W DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, ch	Jennifher CITY West Valley e (2a or 2b) (use exact, full name; do not omit, modify, of eck here and provide the Individual Debtor information	STATE UT abbreviate any part of the Debt tion in item 10 of the Financing S	POSTAL CODE 84128 or's name); if any part of the Statement Addendum (Form	COUNTRY USA Individual Debt UCC1Ad)	
The individual's surname Rodriguez MAILING ADDRESS 621 S 6000 W DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, ch 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSI	Jennifher CITY West Valley 9 (2a or 2b) (use exact, full name; do not omit, modify, o eck here and provide the Individual Debtor informa	abbreviate any part of the Debt tion in item 10 of the Financing S	POSTAL CODE 84128 or's name); if any part of the Statement Addendum (Form IONAL NAME(S)/INITIAL(S)	COUNTRY USA Individual Debte UCC1Ad) SUFFIX	
The individual's surname Rodriguez MAILING ADDRESS 621 S 6000 W DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, ch 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSI 3a. ORGANIZATION'S NAME	Jennifher CITY West Valley e (2a or 2b) (use exact, full name; do not omit, modify, of each here and provide the Individual Debtor information of the Indivi	abbreviate any part of the Debt tion in item 10 of the Financing S	POSTAL CODE 84128 or's name); if any part of the Statement Addendum (Form IONAL NAME(S)/INITIAL(S)	COUNTRY USA Individual Debte UCC1Ad) SUFFIX	
1b. INDIVIDUAL'S SURNAME Rodriguez MAILING ADDRESS 621 S 6000 W DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, ch 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSI 3a. ORGANIZATION'S NAME Loanpal, LLC	Jennifher CITY West Valley e (2a or 2b) (use exact, full name; do not omit, modify, of eck here and provide the Individual Debtor information of the Individ	abbreviate any part of the Debt tion in item 10 of the Financing S ADDITI STATE One Secured Party name (3a or	POSTAL CODE 84128 or's name); if eny part of the Statement Addendum (Form IONAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY USA Individual Debt UCC1Ad) SUFFIX	
The individual's surname Rodriguez MAILING ADDRESS 621 S 6000 W DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, ch 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSI 3a. ORGANIZATION'S NAME Loanpal, LLC	Jennifher CITY West Valley e (2a or 2b) (use exact, full name; do not omit, modify, of each here and provide the Individual Debtor information of the Indivi	abbreviate any part of the Debt tion in item 10 of the Financing S ADDITI STATE One Secured Party name (3a or	POSTAL CODE 84128 or's name); if any part of the Statement Addendum (Form IONAL NAME(S)/INITIAL(S)	COUNTRY USA Individual Debte UCC1Ad) SUFFIX COUNTRY USA	
1b. INDIVIDUAL'S SURNAME Rodriguez MAILING ADDRESS 621 S 6000 W DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, ch 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSI 3a. ORGANIZATION'S NAME Loanpal, LLC	Jennifher CITY West Valley e (2a or 2b) (use exact, full name; do not omit, modify, of eck here and provide the Individual Debtor information of the Individ	abbreviate any part of the Debt tion in item 10 of the Financing S ADDITI STATE One Secured Party name (3a or	POSTAL CODE 84128 or's name); if any part of the Statement Addendum (Form IONAL NAME(S)/INITIAL(S) POSTAL CODE 3b)	COUNTRY USA Individual Debte UCC1Ad) SUFFIX COUNTRY USA	

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

Consignee/Consignor

A Debtor is a Transmitting Utility

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

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA: Acct # 2003028038

Manufactured-Home Transaction

Lessee/Lessor

Public-Finance Transaction

Seller/Buyer

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

Agricultural Lien

Bailee/Bailor

Non-UCC Filing

Licensee/Licensor

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS						
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme because Individual Debtor name did not fit, check here						
9a. ORGANIZATION'S NAME						
OR 9b. INDIVIDUAL'S SURNAME						
Rodriguez						
FIRST PERSONAL NAME						
Jennifher						
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX					
T		THE ABOVE SPACE	IS FOR FILING OFFIC	E USE ONLY		
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name		line 1b or 2b of the Financing	Statement (Form UCC1) (u	ise exact, full name;		
do not omit, modify, or abbreviate any part of the Debtor's name) and enter to 10a. ORGANIZATION'S NAME	ne mailing address in line 100					
TOU. 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. ADDITIONAL SECURED PARTY'S NAME or ASSI	GNOR SECURED PARTY	S NAME: Provide only one n	ame (11a or 11b)			
11a. ORGANIZATION'S NAME						
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)) SUFFIX		
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):			<u> </u>			
13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in	the 14. This FINANCING STATE	MENT:				
REAL ESTATE RECORDS (if applicable)	covers timber to be o	cut covers as-extracted	collateral X is filed a	s a fixture filing		
15. Name and address of a RECORD OWNER of real estate described in item 10 (if Debtor does not have a record interest):	·					
Jennisher T Rodriguez	County of: Salt 1	Lake				
	Address of Real Estate: 4621 S	Address of Real Estate: 4621 S 6000 W, West Valley, UT, 84128				
		452020000				
		APN: 20024530200000				
	LOT 210, JUNIPER A	LOT 210, JUNIPER ACRES PH 2. 10590-6121 10676-4633				
17. MISCELLANEOUS:						