

13859553 B: 11289 P: 4150 Total Pages: 2 12/30/2021 01:46 PM By: ndarmiento Fees: \$40.00

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FINST-FINANCE STATEMENT

Rashelle Hobbs, Recorder, Salt Lake County, Utah

**Return To: CSC ERECORDING** 919 N 1000 WLOGAN, UT 84321

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
2242 76495 CSC				
	ed In: Utah (Salt Lake)			
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		the Debtor	's name); if any part of the Ind	dividual Debtor's
1a. ORGANIZATION'S NAME				
Th. INDIVIDUAL'S SURNAME WASDEN	FIRST PERSONAL NAME HEATHER	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 15146 S CANTLE DR	BLUFFDALE	STATE	POSTAL CODE 94065-1738	COUNTRY
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 Ind	dividual 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 Fi	nancing St	atement Addendum (Form UC	C1Ad)
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
20. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INTTIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED.	I IRED PARTY): Provide only one Secured Party nam	ne (3a or 3b	)	
3a. ORGANIZATION'S NAME Aqua Finance, Inc.	,,	,	,	
OR CLUMPING OUT AND SUPPLANTS	I	T		Ta
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS One Corporate Drive Suite 300	CITY	STATE	POSTAL CODE	COUNTRY
on white the transfer of the Corporate Drive Suite 300	Wausau	WI	54401	USA
4. COLLATERAL: This financing statement covers the following collateral:				
COLLATERAL: This financing statement covers the following collateral:     WATER TREATMENT SYSTEM				
<u></u>				
			red by a Decedent's Persona	-
6a. Check only if applicable and check only one box:		_	f applicable and check <u>only</u> o	
Public-Finance Transaction Manufactured-Home Transaction  7. ALTERNATIVE DESIGNATION (if applicable):	A Debtor is a Transmitting Utility		tural Lien Non-UCC	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor  8. OPTIONAL FILER REFERENCE DATA: :CXSX404893923	Consignee/Consignor Seller/Buyer	Ва		ee/Licensor

## **UCC FINANCING STATEMENT ADDENDUM**

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SUFFIX			
	25 of the Financing C	statement (Form occi) (i	ise exact, full flat
			SUFFIX
CITY	ISTATE	IPOSTAL CODE	COUNTRY
FIRST PERSONAL NAME			
CITY	STATE	POSTAL CODE	COUNTRY
ed) in the 14. This FINANCING STATEMENT:	covers as-extracted	collateral 🔽 is filed s	s a fixture filing
	THE or name or Debtor name that did not fit in line 1b or noter the mailing address in line 10c  CITY  SSIGNOR SECURED PARTY'S NAME	THE ABOVE SPACE or name or Debtor name that did not fit in line 1b or 2b of the Financing sonter the mailing address in line 10c  CITY  STATE  SSIGNOR SECURED PARTY'S NAME: Provide only one note that the provide only	THE ABOVE SPACE IS FOR FILING OFFICE or name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (unter the mailing address in line 10c  CITY  STATE POSTAL CODE  SSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)