

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Alicia B. Clark, Esq.
Ballard Spahr LLP
1225 17th Street, Suite 2300
Denver, Colorado 80202-5596
152667-MCF

13962984 B: 11344 P: 8258 Total Pages: 5
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Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: COTTONWOOD TITLE INSURANCE AGENCY, INC.
1996 EAST 6400 SOUTH SUITE 120SALT LAKE CITY, UT 84121

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

THE RIDGE APARTMENTS TIC I, LLC

| | | | | | |
|--|--------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX |
| | | | | | |
| 1c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| c/o MAXX Properties 600 Mamaroneck Avenue | | Harrison | NY | 10528 | 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 | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX |
| | | | | | |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | | |

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

NEW YORK LIFE INSURANCE COMPANY

| | | | | | |
|---------------------|--------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX |
| | | | | | |
| 3c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| 51 Madison Avenue | | New York | NY | 10010-1603 | USA |

4. COLLATERAL: This financing statement covers the following collateral:
All assets of the Debtor, whether now owned or hereafter acquired, and all products thereof, wherever located, including goods which are or are to become fixtures on the real property describe in Exhibit A hereto, as-extracted collateral with respect to such real property, and timber to be cut from such real property.

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

6. Check only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility 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:
Loan No. 374-1255; Record in Salt Lake County, Utah

FILING OFFICE COPY - UCC FINANCING STATEMENT (FORM UCC1 (Rev. 04/20/11))

UCC FINANCING STATEMENT ADDITIONAL PARTY
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

| | | |
|----|---|--------|
| OR | 9a. ORGANIZATION'S NAME THE RIDGE APARTMENTS TIC I, LLC | |
| | 9b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

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10. ADDITIONAL DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name (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

| | | |
|----|---|--------|
| OR | 10a. ORGANIZATION'S NAME THE RIDGE APARTMENTS TIC II, LLC | |
| | 10b. INDIVIDUAL'S SURNAME | |
| | INDIVIDUAL'S FIRST PERSONAL NAME | |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

| | | | | |
|--|------------------|-------------|----------------------|----------------|
| 10c. MAILING ADDRESS c/o MAXX Properties 600 Mamaroneck Avenue | CITY Harrison | STATE NY | POSTAL CODE 10528 | COUNTRY USA |
|--|------------------|-------------|----------------------|----------------|

11. ADDITIONAL DEBTOR'S NAME: Provide (11a or 11b) only one additional Debtor name (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

| | | |
|----|--|--------|
| OR | 11a. ORGANIZATION'S NAME THE RIDGE APARTMENTS TIC III, LLC | |
| | 11b. INDIVIDUAL'S SURNAME | |
| | INDIVIDUAL'S FIRST PERSONAL NAME | |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

| | | | | |
|--|------------------|-------------|----------------------|----------------|
| 11c. MAILING ADDRESS c/o MAXX Properties 600 Mamaroneck Avenue | CITY Harrison | STATE NY | POSTAL CODE 10528 | COUNTRY USA |
|--|------------------|-------------|----------------------|----------------|

12. ADDITIONAL DEBTOR'S NAME: Provide (12a or 12b) only one additional Debtor name (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

| | | |
|----|--|--------|
| OR | 12a. ORGANIZATION'S NAME | |
| | 12b. INDIVIDUAL'S SURNAME | |
| | INDIVIDUAL'S FIRST PERSONAL NAME | |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

| | | | | |
|----------------------|------|-------|-------------|---------|
| 12c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|----------------------|------|-------|-------------|---------|

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 <input type="checkbox"/> | | | | |
| OR | 9a. ORGANIZATION'S NAME THE RIDGE APARTMENTS TIC I, LLC | | | |
| | 9b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | | | SUFFIX |
| THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY | | | | |

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

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

| | |
|--|---|
| 13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed for record in the REAL ESTATE RECORDS (if applicable) | 14. The 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 RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): Debtor is record owner. | 16. Description of real estate See Exhibit A attached hereto and incorporated herein. |

17. MISCELLANEOUS

**EXHIBIT A
TO
UCC FINANCING STATEMENT**

**DEBTOR: THE RIDGE APARTMENTS TIC I, LLC
THE RIDGE APARTMENTS TIC II, LLC
THE RIDGE APARTMENTS TIC III, LLC**

SECURED PARTY: NEW YORK LIFE INSURANCE COMPANY

Legal Description

[To be inserted]

**EXHIBIT A
PROPERTY DESCRIPTION**

Lot 1, THE RIDGE APARTMENTS SUBDIVISION, according to the official plat thereof on file and of record in the office of the Salt Lake County Recorder, recorded October 2, 2015 as Entry No. 12144587 in Book 2015P at Page 234.

Tax Id No.: 22-29-483-051-4001, 22-29-483-051-4002 ~~and 22-29-483-052~~