

14098569 B: 11415 P: 3327 Total Pages: 2
04/27/2023 09:23 AM By: mpalmer Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: LIEN SOLUTIONS
330 N. BRAND BLVD, SUITE 700GLENDALE, CA 91203

UCC FINANCING STATEMENT

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) 38881 - NBT Bank

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

92631981

UT
Fixture

File with: Salt Lake, UT

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 | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME Hampton | FIRST PERSONAL NAME Kimberly | ADDITIONAL NAME(S)/INITIAL(S) | |
| 1c. MAILING ADDRESS 594 East Spruce Glen Rd | | CITY Murray | STATE UT | POSTAL CODE 84107 |
| COUNTRY 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) | |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| COUNTRY USA | | | | |

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

| | | | | |
|--|--------------------------|---------------------|-------------------------------|----------------------|
| 3a. ORGANIZATION'S NAME NBT Bank NA | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | |
| 3c. MAILING ADDRESS 52 South Broad Street | | CITY Norwich | STATE NY | POSTAL CODE 13815 |
| COUNTRY USA | | | | |

4. COLLATERAL: This financing statement covers the following collateral:

All Solar Equipment; all attachments, accessories, tools, batteries, parts, supplies, replacements of and additions to all or any portion of the Solar Equipment; all claims of any type or nature, including warranty claims related to the Solar Equipment or the Installation Agreement; all rebates and incentives that are payable as a result of installing the Solar Equipment except for such rebates and incentives which have been assigned to your Installer; all your rights, title, interests, and remedies under all agreements, books, records, statements and documentation and other general intangibles relating to the Collateral (including, without limitation, the Installation Agreement), all consideration received from the operation, collection, sale or other disposition of any property that constitutes Collateral, including any payment received from any insurer arising from any loss, damage or destruction of any Collateral and any other payment received as a result of possessing all or any portion of the Collateral all supporting obligations; and all products and proceeds of and all accessions to, substitutions and replacements for and rents, profits and products of, each of the foregoing and proceeds of any insurance, indemnity, warranty or guaranty payable to you from time to time with respect to any of the foregoing.

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

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

Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

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

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:

2631981

269 SPECIALTY LENDING

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

| | | | |
|-------------------------------|--------|--|--|
| 9a. ORGANIZATION'S NAME | | | |
| | | | |
| OR | | | |
| 9b. INDIVIDUAL'S SURNAME | | | |
| Hampton | | | |
| FIRST PERSONAL NAME | | | |
| Kimberly | | | |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one 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

| | | | |
|--|--|--|--------|
| 10a. 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 ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

| | | | |
|---------------------------|---------------------|-------------------------------|-------------|
| 11a. ORGANIZATION'S NAME | | | |
| OR | | | |
| 11b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 11c. MAILING ADDRESS | CITY | STATE | POSTAL CODE |
| COUNTRY | | | |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

| | |
|---|--|
| 13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) | 14. This 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 a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): | 16. Description of real estate: Parcel ID: 22-07-228-050-0000 County: Salt Lake Property Address: 594 East Spruce Glen Rd Murray, UT 84107 |
| 17. MISCELLANEOUS: 92631981-UT-35 38881 - NBT Bank (Fixtures) | NBT Bank NA |
| | File with: Salt Lake, UT 269 SPECIALTY LENDING |

