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UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

ENT 14155-2024 PG 1 of 3
ANDREA ALLEN
UTAH COUNTY RECORDER
2024 Mar 5 12:53 PM FEE 40.00 BY AC
RECORDED FOR CSC

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2758 94223 CSC 801 Adlai Stevenson Drive Springfield, IL 62703
Filed In: Utah (Utah)

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

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 LOVINGIER	FIRST PERSONAL NAME ZACHARY	ADDITIONAL NAME(S)/INITIAL(S) DANIEL	SUFFIX
1c. MAILING ADDRESS	6044 W SUNRIDGE VIEW LN	CITY PAYSON	STATE UT	POSTAL CODE 84651
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 LOVINGIER	FIRST PERSONAL NAME MELONIE	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	6044 W SUNRIDGE VIEW LN	CITY PAYSON	STATE UT	POSTAL CODE 84651
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 Credit Human Federal Credit Union				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	1703 Broadway	CITY San Antonio	STATE TX	POSTAL CODE 78215
COUNTRY USA				

4. COLLATERAL: This financing statement covers the following collateral:
All of the Debtor's right, title, and interest in all of the solar photovoltaic equipment and associated components at the address referenced in this filing, including but not limited to any solar panels, inverters, wiring, batteries, monitoring devices, and racking, and as may be further described in the associated UCC Secured Solar Loan Agreement and/or Retail Purchase Agreement signed by Debtor.

5. Check only if applicable and check only one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, Item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
<input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	<input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable). <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA:	2758 94223

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 LOVINGIER	
FIRST PERSONAL NAME ZACHARY	
ADDITIONAL NAME(S)/INITIAL(S) DANIEL	SUFFIX

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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. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT

covers timber to be cut covers as-extracted collateral 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):

**ZACHARY DANIEL LOVINGIER
MELONIE LOVINGIER
6044 W SUNRIDGE VIEW LN
PAYSON, UT 84651**

16. Description of real estate:

A PARCEL OF LAND LOCATED IN THE STATE OF UT, COUNTY OF UTAH, WITH A SITUS ADDRESS OF 6044 W SUNRIDGE VIEW LN, PAYSON UT 84651- CURRENTLY OWNED BY LOVINGIER ZACHARY DANIEL / LOVINGIER MELONIE HAVING A TAX ASSESSOR NUMBER OF 66-644-0004 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS LOT 4, PLAT B, SUNRIDGE VIEW SUB AREA 5.250 AC AND DESCRIBED IN DOCUMENT NUMBER 149171 DATED 8/25/2021 AND RECORDED 8/26/2021. APN: 66-644-0004

17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM

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16. Description of real estate:

UTAH COUNTY

17. MISCELLANEOUS: