	Recording requested by and when recorded return to : Capital Community Bank 49 W University PKWY Orem UT 84058
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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

70006942

A. NAME & PHONE OF CONTACT AT FILER (optional) Nathan Johnson 801-705-4393 B. E-MAIL CONTACT AT FILER (optional) njohnson@ccbank.com

14179147 B: 11458 P: 5005 Total Pages: 2 11/28/2023 08:47 AM By: mpalmer Fees: \$40.00 Rashelle Hobbs, Recorder, Salt Lake County, Utah **Return To: CAPITAL COMMUNITY BANK** 49 W UNIVERSITY PARKWAYPROVO, UT 84058

C.	SEND ACKNOWLEDGMENT TO: (Name and	Address)						
[Captial Community Bank 49 W University PKWY Orem UT 84058	Recording requested l Nathan Johnson on be Capital Community Ba	ehalf of					
Į	<u></u>			THE A	BOVE SPACE IS	S FOR FILING	OFFICE USE C	DNLY
	INITIAL FINANCING STATEMENT FILE NUMBER ISTR.: 12897065 bk 10735 pg 60	693-6694 12/04/		(or recorded)	ING STATEMENT	ATE RECORDS	•	<u>-</u> "
2.	TERMINATION: Effectiveness of the Financing Statement				mendment Addendur ecurity interest(s) c	, ,		
3.	ASSIGNMENT (full or partial): Provide name of For partial assignment, complete items 7 and 9 a				and name of Ass	ignor in item 9		
4.	CONTINUATION: Effectiveness of the Financi continued for the additional period provided by a		ove with respect	to the security inter	est(s) of Secured I	Party authorizing	g this Continuatio	n Statement is
	PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: This Change affects Debtor or Secured Party or	CHAN	of these three bo	xes to: ddress: Complete a or 7b <u>and</u> item 7c	ADD name: Co	omplete item	DELETE name: 0	Sive record name
	CURRENT RECORD INFORMATION: Complete				ra or rb, <u>and</u> ii	teni /c	To be deleted in it	em da or op
	6a. ORGANIZATION'S NAME							
OR	6b. INDIVIDUAL'S SURNAME Gibbs		FIRST PERSON Tracy	AL NAME	ADD	DITIONAL NAME	(S)/INITIAL(S)	SUFFIX
OR	CHANGED OR ADDED INFORMATION: Complete Tal. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	e tor Assignment of Party Informati	on Change - provide (niy <u>one</u> name (/a or /b) (use exact, full name; do	not omit, modity, or	addreviate any part of	the Debtors name)
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX
7c	MAILING ADDRESS		CITY		ISTA	TE POSTALO	CODE	COUNTRY
	THE REPORT OF THE PROPERTY OF							
I C S	COLLATERAL CHANGE: Also check one of the Indicate collateral: The collateral described below is located ALL OF THE DEBTOR'S RIGHT, TITI NCLUDING BUT NOT LIMITED TO CABLES AND WIRES, SUPPORT BRASAME. IN ADDITION, THE SECURIT REFERENCED COLLATERAL.	d at: LE AND INTEREST ROOFTOP OR GE ACKETS, RELATED	ROUND MC EQUIPME	UNT SOLAR NT, AND ADI	LAR ENERG PANELS, ELI DITIONS OR	ECTRICAL REPLACE	ENT (IF AN INVERTERS MENTS OF T	5, The
	NAME OF SECURED PARTY OF RECORD				e (9a or 9b) (name	of Assignor, if thi	is is an Assignmer	it)
It	f this is an Amendment authorized by a DEBTOR, che 9a. ORGANIZATION'S NAME Comittal Comments to Possible Co	eck nere and provide n	ame of authorizin	g Debtor				
OR	Capital Community Bank 9b. INDIVIDUAL'S SURNAME		FIRST PERSON	AL NAME	ADD	DITIONAL NAME	(S)/INITIAL(S)	SUFFIX
10.	OPTIONAL FILER REFERENCE DATA:							

UCC FINANCING STATEMENT AME	NDMENT ADD	DENDUM	I	
11. INITIAL FINANCING STATEMENT FILE NUMBER: Sar 12897065 bk 10735 pg 6693-6694 12		orm		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT:		nt form		
12a. ORGANIZATION'S NAME				
Capital Community Bank				
49 W University Pkwy Orem, UT	84058			
12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		
			THE ABOVE SPACE IS FOR FILING OFFICE USE O	NLY
 Name of DEBTOR on related financing statement (Nam one Debtor name (13a or 13b) (use exact, full name; do not or 		•		Provide on
13a. ORGANIZATION'S NAME				
DR 13b. INDIVIDUAL'S SURNAME	FIRST PER	RSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SU	SUFFIX
Gibbs	Tracy	7		

LOT PS0, ROSECREST PLAT P. 9054-7230 9147-7201 9230-3085 9230-3105

APN: 32123010190000

18. MISCELLANEOUS:

Tracy Gibbs

14804 S Summit Ridge Cir Herriman UT 84096