## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

**HVAC EQUIPMENT** 

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

File with: Salt Lake, UT

14218570 B: 11479 P: 1375 Total Pages: 3 03/20/2024 03:55 PM By: ctafoya Fees: \$40.00 Rashelle Hobbs, Recorder, Salt Lake County, Utah Return To: LIEN SOLUTIONS 330 N. BRAND BLVD, SUITE 700GLENDALE, CA 91203

File With, Sait Lake, OT	INE AB	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b name will not fit in line 1b, leave all of item 1 blank, check here	<u> </u>	• •			
	and provide the individual Debtor information in item	TO OF THE FINANCING ST	atement Addendam (Form	OCCTAG)	
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S) SUFFI		
VOJTECKY	LARRY				
			T		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
58 E CARLSON AVE	MIDVALE	l ut	84047-1572	USA	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b	) (use exact full name: do not omit modify or abbroviate	any part of the Dobto	r'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 Deptor Information in Item	IU of the Financing Sta	atement Addendum (Form	UCCTAG)	
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
VOJTECKY	JENNIFER				
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
58 E CARLSON AVE	MIDVALE	UT	84047-1572	USA	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A	SSIGNOR SECURED PARTY): Provide only one Secure	d Party name (3a or 3	b)		
3a. ORGANIZATION'S NAME	<u></u>	, (			
SERVICE FINANCE COMPANY					
OD					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
EEE C FEDERAL LIVAN, CTE 200	Basa Batan		22.420.6022	LICA	
555 S FEDERAL HWY, STE 200	Boca Raton	FL	33432-6033	USA	
4 COLLATERAL: This financing statement covers the following of	collateral:				

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 of	only one box:			6b. Check only if applicable	and check only one box:			
Public-Finance Transaction	Manufactured-Home Transaction	A Debtor is a Transmit	tting Utility	Agricultural Lien	Non-UCC Filing			
7. ALTERNATIVE DESIGNATION (if app	olicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor			
8. OPTIONAL FILER REFERENCE DATA:								
97995271	3780719							



**Debtor:** VOJTECKY, LARRY

Exhibit for Real Estate

**16. Description of real estate:** Continued

84047

Parcel ID: 22-30-106-003-0000

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