

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS



W3056925

EH 3056925 PG 1 OF 3
LEANN H KILTS, WEBER COUNTY RECORDER
26-MAY-20 417 PM FEE \$40.00 DEP PV
REC FOR: LIEN SOLUTIONS

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) 30595 - SUNLIGHT	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	75176879 UTUT FIXTURE
File with: Weber, 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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	Croshaw	Preston		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
4429 Monroe Blvd		South Ogden	UT	84403
				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)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

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				
Cross River Bank				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
885 Teaneck Road		Teaneck	NJ	07666
				COUNTRY
				USA

4. COLLATERAL: This financing statement covers the following collateral:
2.56 kW photovoltaic solar energy system, consisting of: Trina modules, Enphase inverter AND ALL OTHER PRODUCTS, PROCEEDS, AND ATTACHMENTS.

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 <u>only</u> if applicable and check <u>only</u> one box:	6b. Check <u>only</u> if applicable and check <u>only</u> 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): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

75176879

872-8113277-000

0064M00000XQPxOQAX

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

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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	
	9b. INDIVIDUAL'S SURNAME Croshaw	
	FIRST PERSONAL NAME Preston	
	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

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

OR	11a. ORGANIZATION'S NAME				
	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):

16. Description of real estate:

A PARCEL OF LAND LOCATED IN THE STATE OF UT, COUNTY OF WEBER, WITH A SITUS ADDRESS OF 4429 MONROE BLVD, OGDEN UT 84403-2921 C013 CURRENTLY OWNED BY PRESTON T CROSHAW HAVING A TAX ASSESSOR NUMBER OF 06-056-0048 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS ALL OF [See Exhibit for Real Estate]

17. MISCELLANEOUS: 75176879-UT-57 30595 - SUNLIGHT FINANCIAL Cross River Bank File with: Weber, UT 872-8113277-000 0064M0000XQPXOQAX

Debtor: Croshaw, Preston

Exhibit for Real Estate

16. Description of real estate: Continued

LOT 18, BLOCK 9, HIDDEN VILLAGE SUBDIVISION,
SOUTH OGDEN CITY, WEBER COUNTY, UTAH. AND
DESCRIBED IN DOCUMENT NUMBER 3005671
DATED 9/24/2019 AND RECORDED 9/25/2019.