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W3102025

E# 3102025 PG 1 OF 2 LEAGN H KILTS, WEBER COUNTY RECORDER

FOLLOWINSTRUCTIONS			20 149 PM	1 FEE \$40	.00 DEP TN
A. NAME & PHONE OF CONTACT AT FILER (optional)]	EC FOR:	CSC		
CSC 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
2009 16490	$\neg 1$				
CSC	1				
801 Adlai Stevenson Drive Springfield, IL 62703					
Fil	ed In: Utah (Weber)				
L_	THE ABOVE SPA	CE IS FO	R FILING OF	FICE USE O	NLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full					
	the Individual Debtor information in item 10 of the F	inancing Sta	atement Addend	um (Form UC	C1Ad)
1a. ORGANIZATION'S NAME					
OR 1b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/II	NITIAL(S)	SUFFIX
ERB	DARREN				
1c. MAILING ADDRESS 2471 N 775 E	CITY OCDEN	STATE	POSTAL CODI		USA
	NORTH OGDEN	UT	84414-2	962	USA
 DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here 	name; do not omit, modify, or abbreviate any part o the Individual Debtor information in item 10 of the F				
2a. ORGANIZATION'S NAME	-	enantung en			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/II	NITIAL(S)	SUFFIX
		<u> </u>	1		
2c. MAILING ADDRESS	СПУ	STATE	POSTAL COD	E	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	BED BARTY): Brouido entre ono Segurod Bothy por	no (30 or 3)	<u></u>	-	<u> </u>
3a. ORGANIZATION'S NAME Service Experts Heating & Air (ite (38 01 31	<u>''</u>		
0.0					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/II	NITIAL(S)	SUFFIX
3c. MAILING ADDRESS 2869 Commerce Way, unit 1	CITY	STATE POSTAL CODE		E	COUNTRY
30 MALING ADDITION 2009 CONTINUENCE Way, UNIT	Ogden	UT	84401	_	USA
4. COLLATERAL: This financing statement covers the following collateral: The following described property as set forth in that			1	4 (0000	
between Service Experts Heating & Air Conditioning	CERTAIN HVAC RENTAL AGREE	MEN I (dated 10/0	77/2020, I	by and
#XC16S036230 (Serial # 5820F12942) and a LENN					
5920G19487), whether now owned or hereafter acq					
accessories, parts					
and tools belonging thereto or for use in connection			•	_	
foregoing (including, but not limited to, any claims to against third parties for loss of, damage to or destru-					
unearned premiums with respect to, policies of insul					
interest, principal, royalties, license fees, rents, divid					
of money, chattel paper, security agreements and of	ther documents or other property	y from t	ime to time	e receive	d,
receivable or otherwise distributed in respect of, or i	n exchange for, the collateral. S	aid colla	ateral is lo	cated at	address:
5. Check only if applicable and check only one box: Collateral is held in a Trust	(see UCC1Ad, item 17 and Instructions) beir	ıg administe	ered by a Decede	ent's Personal	Representative
6a. Check only if applicable and check only one box:	6b.	Check <u>only</u>	if applicable and	check <u>only</u> o	ne box:
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility		ltural Lien	Non-UCC 8	_
	Consignee/Consignor Seller/Buyer	Ва	ailee/Bailor	Licens	ee/Licensor
8. OPTIONAL FILER REFERENCE DATA:				,	2009 16400

UCC FINANCING STATEMENT ADDENDUM

FOLLOWINSTRUCTIONS			ı			
 NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here 	line 1b was le	eft blank				
9a. ORGANIZATION'S NAME						
		_				
OR 9b. INDIVIDUAL'S SURNAME						
ERB FIRST PERSONAL NAME						
DARREN						
ADDITIONAL NAME(S)/INITIAL(S)	-	SUFFIX				
					S FOR FILING OFFIC	
 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m 			line 1b or 2b of the F	inancing S	tatement (Form UCC1) (c	ise exact, full name;
10a. ORGANIZATION'S NAME						
OR TO THE PROPERTY OF THE PARTY			<u>.</u>			
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME		<u>.</u>				-
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
10c. MAILING ADDRESS	TCITY			STATE	POSTAL CODE	COUNTRY
*						
· · · <u> </u>	OR SECU	RED PARTY	S NAME: Provide	only <u>one</u> na	ame (11a or 11b)	
11a. ORGANIZATION'S NAME						
OR 11b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S	SUFFIX
						Ó CURUTRY
11c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	1			1		. <u> </u>
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 2471 N 775 E NORTH OGDEN UT 84414-2982						
NORTH OGDEN 01 844 14-2962						
THIS FILING IS MADE FOR NOTICE PURPOSES O			R HAS NO O	WNEF	RSHIP RIGHTS	IN THE
COLLATERAL. THE DEBTOR IS LEASING THE CO	LLATEF	RAL.	•			
13 // This FINANCING STATEMENT is to be filed lifer record (or recorded) in the	14. This FII	NANCING STATE	MENT:			
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	co.	vers timber to be		extracted	collateral is filed a	s 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):		otion of real estate		NED (STIBDIVISION I	DHV SE 3
DARREN ERB 2471 N 775 E	ALL OF LOT 58, NATHAN BARKER SUBDIVISION, PHASE 3, NORTH OGDENCITY, WEBER COUNTY, UTAH.					
NORTH OGDEN UT 84414-2982	Parcel # 17-169-0006					
17. MISCELLANEOUS:	<u> </u>					
D. MIGGELEMILOGG.			•			