

"W3175595"

E# 3175595 PG 1 OF 2 LEANN H KILTS, WEBER COUNTY RECORDER 13-AUG-21 954 AM FEE \$40,00 DEP TN REC FOR: ATWOOD RENTALS HVAC LLC

UCC FINANCING STATEMENT

OLLOW INSTRUCTIONS		REC FOR: ATWOOD RENTALS HVAC LLC			
A. NAME & PHONE OF CONTACT AT FILER (option: Atwood Rentals Inc	al)				
B. E-MAIL CONTACT AT FILER (optional) UCC@atwoodhvac.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Add	lress)				
·	71				
Atwood Rentals HVAC	1				
PO BOX 489					
Milan TN 38358					
		OVE SPACE IS FOR FILING OFFICE US	•		
. DEBTOR'S NAME: Provide only one Debtor name (1a	or 1b) (use exact, full name; do not omit, modify, or abbreviate a	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 h	ere and provide the Individual Debtor information in item 1	0 of the Financing Statement Addendum (Form	UCC1Ad)		
1a. ORGANIZATION'S NAME					
1		ADDITIONAL MANE (CVINITALIO)	oues.v		
16 INDIVIDUAL'S SURNAME	FIDES OFFICENTAL NAME		SUFFIX		
16. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)			
Owens	Frank				
Owens MAILING ADDRESS	Frank	STATE POSTAL CODE	COUNTRY		
Owens MAILING ADDRESS 707 North 900 West	Frank onv Ogden	STATE POSTAL CODE UT 84414			
16. INDIVIDUAL'S SURNAME OWENS DEBTOR'S NAME: Provide only one Debtor name (2a)	Frank CITY Ogden or 2b) (use exact, full name; do not omit, modify, or abbreviate a	STATE POSTAL CODE UT 84414 any part of the Debtor's name); if any part of the	Individual Debtor's		
The INDIVIDUAL'S SURNAME OWENS To MAILING ADDRESS TO North 900 West DEBTOR'S NAME: Provide only one Debtor name (2a name will not fit in line 2b, leave all of item 2 blank, check the surname will not fit in line 2b, leave all of item 2 blank, check the surname will not fit in line 2b, leave all of item 2 blank, check the surname will not fit in line 2b, leave all of item 2 blank, check the surname will not fit in line 2b, leave all of item 2 blank, check the surname will not fit in line 2b, leave all of item 2 blank, check the surname will not fit in line 2b, leave all of item 2 blank, check the surname will not fit in line 2b.	Frank CITY Ogden or 2b) (use exact, full name; do not omit, modify, or abbreviate a	STATE POSTAL CODE UT 84414 any part of the Debtor's name); if any part of the	Individual Debtor's		
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Maximum Principal Indebtedness for Recording Tax Purposes is: \$7435.00

LEGAL REFERENCE: 2973912 / Parcel # 16-023-0014 / Tax Unit 11

THE NAME OF THE OWNER IS: Frank Owens

THE ABOVE GOODS ARE TO BECOME FIXTURES ON: 3707 North 900 West Ogden, UT 84414

THIS FINANCIAL STATEMENT IS FILED FOR RECORD IN THE REAL ESTATE RECORDS.

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 only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): 🗸 Lessee/Lessor 🔲 Consignee/Consignor 🔲 Seller/Buy	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	

UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing	g Statement; If line 1b was	left blank				
because Individual Debtor name did not fit, check here						
9a. ORGANIZATION'S NAME						
	•					
OR						
96. INDIVIDUAL'S SURNAME OWENS						
FIRST PERSONAL NAME						
Frank						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
DEPT-DUP WATER					S FOR FILING OFFICE (
 DEBTOR'S NAME: Provide (10a or 10b) only one additional D do not omit, modify, or abbreviate any part of the Debtor's name) a 	ebtor name or Debtor name and enter the mailing addre	ne that did not fit in lir ss in line 10c	e 1b or 2b of the Fir	nancing S	tatement (Form UCC1) (use	exact, full name
10a. ORGANIZATION'S NAME					<u> </u>	
R						
10b. INDIVIDUAL'S SURNAME					<u>-</u>	
INDIVIDUAL'S FIRST PERSONAL NAME						
The state of the s						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
			<u>. </u>			1
c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
The section of the se	7				<u> </u>	
I. ADDITIONAL SECURED PARTY'S NAME or [11a, ORGANIZATION'S NAME	ASSIGNOR SECU	JRED PARTY'S	NAME: Provide on	nly <u>one</u> na	me (11a or 11b)	
	FIRST PE	RSONAL NAME	7	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
T11b. INDIVIDUAL'S SURNAME		RSONAL NAME	_			
R 11b. INDIVIDUAL'S SURNAME	FIRST PE	RSONAL NAME	_	ADDITIO STATE	NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
11b. INDIVIDUAL'S SURNAME		RSONAL NAME	_			
		RSONAL NAME	_			
R 11b. INDIVIDUAL'S SURNAME		RSONAL NAME	_			
The individual's surname C. Mailing address		RSONAL NAME	_			
c. MAILING ADDRESS		RSONAL NAME	_			
The individual's surname c. Mailing address		RSONAL NAME	_			
The individual's surname c. Mailing address		RSONAL NAME	_			
11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS c. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY	RSONAL NAME				
This FINANCING STATEMENT is to be filed (for record) (or rec	corded) in the 14. This Fi	NANCING STATEME		STATE	POSTAL CODE	COUNTRY
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