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W3301118

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
2657 26689 CSC	
801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Utah (Weber)
SEE BELOW FOR SECURED PARTY CONTACT INFOR	RMATION
1 DERTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact	full name: do not omit, mo

E# 3301118 PG 1 OF 2

LEANN H KILTS, WEBER CTY. RECORDER 10-OCT-23 1246 PM FEE \$40.00 SED REC FOR: CORPORATION SERVICE COMPAN

Non-UCC Filing

Licensee/Licensor

2657 26689

Agricultural Lien

Bailee/Bailor

Springfield, IL 62703	Filed In: Utah (Weber)				
SEE BELOW FOR SECURED PARTY CONTACT INFORMA	ATION	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full not fit in line 1b, leave all of item 1 blank, check here	name; do not omit, modify, or abb le the Individual Debtor information	eviate any part of the Debtor's name in item 10 of the Financing Statem	ame); if any part of the Individuent Addendum (Form UCC1Ad)	ual Debtor's name w	
1a. ORGANIZATION'S NAME					
1b. INDIVIDUAL'S SURNAME BERGSTROM	FIRST PERSONAL NAME DESTRY	ADDITI	ADDITIONAL NAME(S)/INITIAL(S)		
c. MAILING ADDRESS 102 N CENTURY DR	CITY OGDEN	STATE UT	POSTAL CODE 84404	COUNTRY	
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full not fit in line 2b, leave all of item 2 blank, check here	name; do not omit, modify, or abb le the Individual Debtor information	eviate any part of the Debtor's na in item 10 of the Financing Statem	ame); if any part of the Individuent Addendum (Form UCC1Ad)	ual Debtor's name w	
2a, ORGANIZATION'S NÄME					
2b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ADDITIONAL NAME(S)/INITIAL(S)		
Cc. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME Advantage Experts Services	JRED PARTY): Provide only one	Secured Party name (3a or 3b)			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS 1840 N Greenville Ave STE 128	Richardson	STATE TX	POSTAL CODE 75081	USA	
i. COLLATERAL: This financing statement covers the following collateral: The following described property as set forth in that between Service Experts Heating & Air Conditioning #ML180UH070E36B-58(Serial # 1723E21999) and 5822L14657), whether now owned or hereafter acq	g LLC and the Debto a LENNOX air cond	or: A LENNOX heat itioner, Model # EL1	ing component, M I7XC1-030-230A(lodel)1(Serial #	
accessories, parts and tools belonging thereto or for use in connection oregoing (including, but not limited to, any claims to against third parties for loss of, damage to or destru	o any items referred action of any or all of	to in this definition, the collateral or for	and any claims of proceeds payable	Debtor under, or	
inearned premiums with respect to, policies of insunterest, principal, royalties, license fees, rents, divior money, chattel paper, security agreements and deceivable or otherwise distributed in respect of, or	dends, negotiable in other documents or o	struments and other other property from t	r instruments for t ime to time receiv	he paymer ed,	
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Tru	ust (see UCC1Ad, item 17 and Ins	ructions) being adminis	tered by a Decedent's Person	nal Representativ	

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

Manufactured-Home Transaction

Lessee/Lessor

6a. Check only if applicable and check only one box:

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

Public-Finance Transaction

UCC FINANCING STATEMENT ADDENDUM **FOLLOW INSTRUCTIONS** 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 9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME BERGSTROM FIRST PERSONAL NAME **DESTRY** 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 10a. ORGANIZATION'S NAME OR 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 ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 102 N CENTURY DR OGDEN UT 84404 THIS FILING IS MADE FOR NOTICE PURPOSES ONLY. THE DEBTOR HAS NO OWNERSHIP RIGHTS IN THE COLLATERAL. THE DEBTOR IS LEASING THE 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 16. Description of real estate: (if Debtor does not have a record interest): DESTRY BERGSTROM ALL THAT LOT, PIECE OR PARCEL OF LAND, SITUATE IN THE CITY OF OGDEN, COUNTY OF WEBER, STATE OF UTAH, 102 N CENTURY DR BEING KNOWN AND DESIGNATED AS ALL OF LOT 64, FORT **OGDEN UT 84404** BINGHAM PHASE 2 AMENDED. PARCEL #: 122130011, 50 17. MISCELLANEOUS: