

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

\*W3316795\*



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)

2759 79965  
CSC  
801 Adlai Stevenson Drive  
Springfield, IL 62703

Filed In: Utah  
(Weber)

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

E# 3316795 PG 1 OF 3

LEANN H KILTS, WEBER CTY. RECORDER  
05-MAR-24 116 PM FEE \$40.00 SED  
REC FOR: CORPORATION SERVICE COMPAN

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  
CARR

1c. MAILING ADDRESS 4215 TAYLOR AVE

FIRST PERSONAL NAME  
SHAUN

ADDITIONAL NAME(S)/INITIAL(S)  
ONIEL

SUFFIX  
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  
CARR

2c. MAILING ADDRESS 4215 TAYLOR AVE

FIRST PERSONAL NAME  
STEFANIE

ADDITIONAL NAME(S)/INITIAL(S)  
LYNNE

SUFFIX  
COUNTRY  
USA

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 Credit Human Federal Credit Union

OR  
3b. INDIVIDUAL'S SURNAME

3c. MAILING ADDRESS 1703 Broadway

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX  
COUNTRY  
USA

CITY  
San Antonio

STATE  
TX

POSTAL CODE  
78215

COUNTRY  
USA

4. COLLATERAL: This financing statement covers the following collateral:  
All of the Debtor's right, title, and interest in all of the solar photovoltaic equipment and associated components at the address referenced in this filing, including but not limited to any solar panels, inverters, wiring, batteries, monitoring devices, and racking, and as may be further described in the associated UCC Secured Solar Loan Agreement and/or Retail Purchase Agreement signed by Debtor.

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 only 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/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

2759 79965

## 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			
OR	9b. INDIVIDUAL'S SURNAME CARR		
	FIRST PERSONAL NAME SHAUN		
	ADDITIONAL NAME(S)/INITIAL(S) ONIEL	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

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

11a. ORGANIZATION'S NAME				
OR	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. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> 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): SHAUN ONIEL CARR STEFANIE LYNNE CARR 4215 TAYLOR AVE OGDEN, UT 84403	16. Description of real estate: A PARCEL OF LAND LOCATED IN THE STATE OF UT, COUNTY OF WEBER, WITH A SITUS ADDRESS OF 4215 TAYLOR AVE, OGDEN UT 84403-2531 C010 CURRENTLY OWNED BY STEFANIE LYNNE CARR FAMILY TRUST / CARR STEFANIE LYNNE HAVING A TAX ASSESSOR NUMBER OF 06-116-0008 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS ALL OF LOT 58, COLLEGE HEIGHTS SUBDIVISION, OGDEN CITY, WEBER COUNTY, UTAH. AND DESCRIBED IN DOCUMENT NUMBER 2023.3289114 DATED 6/27/2023 AND

17. MISCELLANEOUS:

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OR	
9b. INDIVIDUAL'S SURNAME CARR	
FIRST PERSONAL NAME SHAUN	
ADDITIONAL NAME(S)/INITIAL(S) ONIEL	SUFFIX

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INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		
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OR				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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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:

RECORDED 6/30/2023.  
APN: 06-116-0008 -SD  
WEBER COUNTY

17. MISCELLANEOUS: