

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 SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

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

Filed In: Utah
(Weber)

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 CARR	FIRST PERSONAL NAME SHAUN	ADDITIONAL NAME(S)/INITIAL(S) ONIEL	SUFFIX
1c. MAILING ADDRESS 4215 TAYLOR AVE		CITY OGDEN	STATE UT	POSTAL CODE 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 CARR	FIRST PERSONAL NAME STEFANIE	ADDITIONAL NAME(S)/INITIAL(S) LYNNE	SUFFIX
2c. MAILING ADDRESS 4215 TAYLOR AVE		CITY OGDEN	STATE UT	POSTAL CODE 84403
			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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 1703 Broadway		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 <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. 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	
6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> 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. 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):
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:

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 <input type="checkbox"/>	
9a. ORGANIZATION'S NAME	
OR	9b. INDIVIDUAL'S SURNAME
	CARR
	FIRST PERSONAL NAME
	SHAUN
	ADDITIONAL NAME(S)/INITIAL(S)
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	SUFFIX

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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

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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: