

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

E 3496205 B 8085 P 1170-1176
RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
03/02/2022 01:56 PM
FEE \$40.00 Pgs: 7
DEP RT REC'D FOR LIEN SOLUTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 54923 - RenovateOpco	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	88549595 UTUT FIXTURE
File with: Davis, UT	

06-291-0136

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 OSTERMILLER	FIRST PERSONAL NAME MELISSA	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 1167 CHATTERIS DR	CITY NORTH SALT LAKE	STATE UT	POSTAL CODE 84054	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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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 RenovateOpco Trust				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS 345 Park Ave, 31st Floor	CITY New York	STATE NY	POSTAL CODE 10154	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:
HVAC EQUIPMENT

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:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

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

☐ 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:

88549595 3425243

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	
OSTERMILLER	
FIRST PERSONAL NAME	
MELISSA	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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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
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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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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)

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

14. This FINANCING STATEMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Description of real estate:

PARCEL: 062910136

OSTERMILLER
1167 N CHATTERIS DR
NORTH SALT LAKE UT 84054

LEGAL DESCRIPTION: ALL OF UNIT 136, BUILDING
[See Exhibit for Real Estate]

Debtor: OSTERMILLER, MELISSA

Exhibit for Real Estate

16. Description of real estate: Continued
7, BERKELEY NORTH PUD.

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Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	88549595 UTUT FIXTURE
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OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	OSTERMILLER	MELISSA		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
1187 CHATTERIS DR		NORTH SALT LAKE	UT	84054
				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)

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345 Park Ave, 31st Floor		New York	NY	10154
				COUNTRY
				USA

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FIRST PERSONAL NAME

MELISSA

ADDITIONAL NAME(S) INITIAL(S)

SUFFIX

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STATE

POSTAL CODE

COUNTRY

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FIRST PERSONAL NAME

ADDITIONAL NAME(S) INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

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NORTH SALT LAKE UT 84054

LEGAL DESCRIPTION: ALL OF UNIT 136, BUILDING
[See Exhibit for Real Estate]

17. MISCELLANEOUS: 88548595-UT-11 54823 - RenovateOpco Trust -

RenovateOpco Trust

File with: Davis, UT

3425243

Debtor: OSTERMILLER, MELISSA

Exhibit for Real Estate

16. Description of real estate: Continued
7, BERKELEY NORTH PUD.