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3501097 BK 8103 PG 1269

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-3:	31-3282 Fax: 818-662-4141
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	38881 - NBT Bank
Lien Solutions P.O. Box 29071	89032109
Glendale, CA 91209-9071	UTUT
1	FIXTURE
File with: Davis, UT	

E 3501097 B 8103 P 1269-1273
RICHARD T, MAUGHAN
DAVIS COUNTY, UTAH RECORDER
09/30/2022 03:30 PM
FEE \$40.00 Pms: 5
DEP RT REC'D FOR LIEN SOLUTIONS

09-033-0004

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. ORGANIZATION'S NAME					
16. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(SYINITIAL(S)		
Wolf	Michael				
Ic. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
1555 E 1100 S	Clearlield	UΤ	84015	USA	
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	FIRST PERSONAL NAME ADDITIONAL NAME(SUINITIAL(S)			
	CITY	STATE I POSTAL CODE			
c. MAILING ADDRESS					
	ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secure	ed Party name (3a or 3	b)		
SECURED PARTY'S NAME (or NAME of A	ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secure FIRST PERSONAL NAME		b) NAL NAME(SYINITIAL(S)	SUFFIX	
SECURED PARTY'S NAME (or NAME of A 35. ORGANIZATION'S NAME NBT Bank, NA				SUFFIX	

All Solar Equipment; all attachments, accessories, tools, batteries, parts, supplies, replacements of and additions to all or any portion of the Solar Equipment; all claims of any type or nature, including warranty claims related to the Solar Equipment or the Installation Agreement; all rebates and incentives that are payable as a result of installing the Solar Equipment except for such rebates and incentives which have been assigned to your Installer; all your rights, title, interests, and remedies under all agreements, books, records, statements and documentation and other general intangibles relating to the Collateral (including, without limitation, the Installment Agroement), all consideration received from the operation, collection, sale or other disposition of any property that constitutes Collateral, including any payment received from any insurer arising from any loss, damage or destruction of any Collateral and any other payment received as a result of possessing all or any portion of the Collateral all supporting obligations; and all products and proceeds of and all accessions to, substitutions and replacements for and rents, profits and products of, each of the foregoing and proceeds of any insurance, indemnity, warranty or guaranty payable to you from time to time with respect to any of the foregoing.

Check <u>only</u> if applicable a	nd check <u>only</u> one box: Collateral is	held in a Trust (see UCC1Ad, item 17	and Instructions)	being administered by a De	cedent's Personal Representative
6a. Check only if applicable	and check <u>only</u> one box:			6b, Check only if applicable	e and check only one box:
Public-Finance Tran	saction Manufactured-Home 1	ransaction A Detaor is a Tran	nsmitting Utility	Agricultural Lien	☐ Non-UCC Filing
7. ALTERNATIVE DESIGNA	TION (if applicable): Lessee/Less	or Consignee/Consignor	Seller/Buye	Bailee/Baiker	Licensee/Licensor
8. OPTIONAL FILER REFER	RENCE DATA:				7. 4
89032109	269				
				127	and the same of th

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS			_			
 NAME OF FIRST DEBTOR: Same as kine it a on to on Finance because Individual Debtor name did not fit, check here 	ing Statement; if line 1b was left I	blank				
90. ORGANIZATION'S NAME			ł			
			1			
OR CO.			1			
9b. INDIVIDUAL'S SURNAME Wolf						
FIRST PERSONAL NAME	() () () () () () () () (ł			
Michael						
ADDITIONAL NAME(SYINITIAL(S)		SUFFIX	ŀ			
				100	IS FOR FILING OFFI	
10. DEBTOR'S NAME: Provide (10a or 10b) only gree addition			line 1b or 2b of the Fin	ancing St	atemem (Form UCC1) (use	e exact, full name;
do not omit, modify, or abbreviate any part of the Debtor's nam 10s. ORGANIZATION'S NAME	e) and enter the mailing address i	n line 10c				<u> </u>
OR 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME					8.00	
INDIVIDUAL'S AUDITIONAL NAME(SYNITIALIS)						SUFFIX
AND VIDUAL S ADDITIONAL NAME (SYNTHALIS)						30777
10c. MAJLING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
	1					
11. ADDITIONAL SECURED PARTY'S NAME U	ASSIGNOR SECURE	D PARTY'S	NAME: Provide only	one nam	e (11a or 11b)	
118, ORGANIZATION'S NAME			7		-	
OR 11b. INDIVIDUAL'S SURNAME	Lengt neng			. norma	The state of the s	SUFFIX
TIB. INDIVIDUAL S SURMANIE	FIRST PERSO	THAT NAME		ALADITES	NAI NAME(S) NAITAL(S)	SUPPLA
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 14. This FIN	ANCING STAT	EMENT:		,295 H	
REAL ESTATE RECORDS (if applicable)		ers timber to be		extracted	collateral 🔯 is filed as	a fixture filing
 Name and address of a RECORD OWNER of real estate de (if Debtor does not have a record interest); 	escribed in item 16 16. Descript	ion of real estat	e:			
(is Debtor meas that have a remove interest);					1015	
	1.0000000000000000000000000000000000000		S Clearfield			
			EL / WOLF			
					CONT. 0.20	ACRES.
	Tax P	arcel ID	#- 09-033-0	004		
	1					
17, MISCELLANEOUS: 89032109-UT-11 38881 - NBT Bank (Fixture	res) NBT Bank, NA		File with: Davis, UT	269		

3501097 BK 8103 PG 1271

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-33	31-3282 Fax: 818-662-4141				
B. E-MAIL CONTACT AT FILER (optional)					
uccfilingreturn@wolterskluwer.com					
C, SEND ACKNOWLEDGMENT TO: (Name and Address)	38881 - NBT Bank				
Lion Salutions	00000400				
Lien Solutions P.O. Box 29071	89032109				
Glendale, CA 91209-9071	UTUT				
in the state of th	FIXTURE				
	, IXIONE				
File with: Davis, UT				OR FILING OFFICE	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1)					
name will not fit in line 1b, leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME	and provide the Individual Debior	information in item 10 of th	e Financing St	ternem Addenoum (For	H OCC (Ad)
TB. UNGANIZATION S NAME					
OR 16. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	LADOMIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Wolf	Michael	DANIE .	NO DATIO	erc mane johanne major	
1c. MAILING ADDRESS	CITY	7 1	STATE	POSTAL CODE	COUNTRY
	1000		10000	of missioner.	40.00
1555 E 1100 S	Clearfield		UT	84015	USA
2. DEBTOR'S NAME: Provide only pne Debtor name (2a or 2b	The state of the s			and the second s	
name will not fit in line 2b, leave all of item 2 blank, check here	and provide the Individual Debtor	mormaugn in nam 10 or 0	ie Financing Sc	Hement Addendum (Fon	m OCC (Ad)
2a. ORGANIZATION'S NAME					
OR The Anthropy and the Stationard					SUFFIX
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)INITIAL(S)	SUPPIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A	SSIGNOR SECURED PARTY); Provin	te only <u>one</u> Secured Part	y name (3a or 3	b)	
3a. ORGANIZATION'S NAME					
NBT Bank, NA					:
OR 36. INDIVIDUAL'S SURNAME	FIRST PERSONAL I	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	*				
3c, MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
52 South Broad Street	Norwich		NY	13815	USA
4, COLLATERAL: This financing statement covers the following of					
All Solar Equipment; all attachments, accessories, to	ols, batteries, parts, supplies,	replacements of and	additions to	all or any portion of	f the Solar
Equipment; all claims of any type or nature, including					
incentives that are payable as a result of installing the					
Installer; all your rights, title, interests, and remedies relating to the Collateral (including, without limitation,					
disposition of any property that constitutes Collateral					
any Collateral and any other payment received as a					
and proceeds of and all accessions to, substitutions				f the foregoing and	proceeds of any
insurance, indemnity, warranty or guaranty payable to	o you from time to time with re	spect to any of the fo	oregoing.		
5. Check only if applicable and check only one box: Collateral is	held in a Trust (see UCC1Ad, item	17 and Instructions)	neino administe	red by a Decedent's Pe	ersonal Representati
6a. Check only if applicable and check only one box:	The state of the second second			if applicable and check	
	a Teagenstian	de la companya de la			UCC Filing
Public-Finance Transaction Manufactured-Hom		Transmitting Utility			10 1 1 10 H
7. ALTERNATIVE DESIGNATION (If applicable): Lessee/Le	essor Consignee/Consigno	or Selter/Buyer	Пва	lee/Bailor L	icensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 89032109 269					

 3501097
 BK 8103 PG 1272

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fex; 8	18-662-4141				
E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com					
C, SEND ACKNOWLEDGMENT TO: (Name and Address) 38881 - NBT	Bank				
Lien Solutions 89032 P.O. Box 29071					
Glendale, CA 91209-9071 UTUT					
FIXTU	RF .				
File with: Davis, UT				OR FILING OFFIC	
 DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of Item 1 blank, check here. and provide the 				11	
1a. ORGANIZATION'S NAME			monig ou	and the second second	
OR 15. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITION	IAL NAME(S)/INITIAL(S) SUFFIX
Wolf	Michael				
1c. MAILING ADDRESS	CITY	-	STATE	POSTAL CODE	COUNTRY
1555 E 1100 S	Clearfield		UT	84015	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full n	ame: do not omit, modify, or abbrevi	ate any part of t	ne Debtor	's name); if any part (of the Individual Debtor's
name will not fill in line 2b, leave all of Ikem 2 blank, check here and provide the	e Individual Debtor information in ite	m 10 of the Fina	incing Sta	tement Addendum (F	orm UCC1Ad)
2s. ORGANIZATION'S NAME					
OR 25. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITION	AAL NAME(SYINITIAL(S) SUFFIX
2c. MAILING ADORESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR	ED PARTY): Provide only one Sec	ward Party name	130 or 31	<u> </u>	-
3a. ORGANIZATION'S NAME	and the state of the one	aroa r city nam	100 01 01	7	
NBT Bank, NA					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S	SUFFIX
	Town to				
Sc. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
52 South Broad Street 4. COLLATERAL: This financing statement covers the following collateral:	Norwich		NY	13815	USA
All Solar Equipment; all attachments, accessories, tools, batteries, p Equipment; all claims of any type or nature, including warranty claim incentives that are payable as a result of installing the Solar Equipment Installer; all your rights, title, interests, and remedies under all agree relating to the Collateral (including, without limitation, the Installment disposition of any property that constitutes Collateral, including any any Collateral and any other payment received as a result of posses and proceeds of and all accessions to, substitutions and replacement insurance, indemnity, warranty or guaranty payable to you from times.	as related to the Solar Equipment except for such rebates ments, books, records, state t Agreement), all considerati payment received from any in ssing all or any portion of the nts for and rents, profits and	ment or the li and incentive ements and d on received in insurer arisin Collateral at products of,	nstallati es which locument from the g from a ll suppo each of	on Agreement; a n have been assintation and other operation, colle any loss, damage rting obligations;	Il rebates and gned to your general intangibles ction, sale or other e or destruction of and all products
5. Check only if applicable and check only one box: Collateral isheld in a Trust (6a. Check only if applicable and check only one box:	see UCC1Ad, item 17 and instruct A Debtor is a Transmitting Uti	6b. Ch	eck <u>enly</u>	if applicable and che	Personal Representativ ck <u>only</u> one box: n-UCC Fäing
		ter/Buyer		ee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:			Ц"		

UCC FINANCING STATEMENT ADDENDUM

FOL	LOW INSTRUCTIONS						
	AME OF FIRST DEBTOR: Same as line to or 1b on Financing Statement; if line	e 16 was left I	blank				
ь	ecause Individual Debtor name did not fit, check here						
	9a, ORGANIZATION'S NAME						
OR				1			10.
UK	9b. INDIVIDUAL'S SURNAME						
	Wolf	10 10 1000		l			
	FIRST PERSONAL NAME Michael						
	60(n.22) 10(n)		Loverna	l			
	ADDITIONAL NAME(SYINITIAL(S)		SUFFIX				
_						IS FOR FILING OFFIC	
	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or			line 1b or 2b of the Fi	nancing St	tatement (Form UCC1) (use	exact, full name;
d	to not omit, modify, or abbreviate any part of the Debter's name) and enter the ma [10a: ORGANIZATION'S NAME	iling address	in line 10c				
	TUB. CHISWIZATION'S NAME						
OR	10b. INDIVIDUAL'S SURNAME						
	FOR HISTORICA & SOFTWARE						
	INDMIDUAL'S FIRST PERSONAL NAME						
	INDMIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
							1
100	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
					100		4 1 1 1 1 1 1 1 1
11.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	R SECURE	D PARTY'S	NAME: Provide only	one nam	e /11a or 11b)	
	11a. ORGANIZATION'S NAME	- DE GOTTE		Transcrating	OTTO THOM		
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSO	DNAL NAME		ADDITIO	NAL NAME(SYMITIAL(S)	SUFFIX
	1	1			1		
110	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
						1	
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):		7 - 2				
13.	This FINANCING STATEMENT is to be filed (for record) (or recorded) in the	14. This FIN	ANCING STAT	EMENT:			
	REAL ESTATE RECORDS (if applicable)	Cove	ers timber to be	out covers as-	extracted	collateral 🔀 is filed as a	fixture filing
	Name and address of a RECORD OWNER of real estate described in item 16	16. Descript	ion of real estat	e:			
	(if Debtor does not have a rerxyrd interest):						
		1555	E 1100 S	Clearfield	UT 84	4015	
				EL / WOLF			
						CONT. 0.20 A	CRES
		91040*, 140,5 19		#- 09-033-0		OON1. 0.20 A	iorico.
		Iax	arcer ID	#- 09-033-0	004		
		1					
		1					
		1					
17	MISCELLANEOUS: 8903Z109-UT-11 38881 - NBT Bank (Fixtures) NBT B	Bank, NA		File with: Davis, UT	269		