A NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 8. E-MALL CONTACT AT FILER (optional) SPRFiling@cscinfo.com SprF	JCC FINANCING STATEMENT	Page: 1 FEE: \$1		N SERVICE COMPAN
Corporation Service Company 1-800-858-5294 3. E-MAIL CONTACT AT FILER (optional) SPRFIIIIng@cscinfo.com 2. SEND ACKNOWLEDGMENT TO: (Name and Address) 1382 42404 Corporation Service Company 801 Addial Stevenson Drive Springfield, IL 62703 Filed In: Utah (Tooele) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only gag Debtor name (1s or 1b) (use exact, full name, do not ornit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not 1ft in line 1b, leave all of filem 1 blank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME Travis	OLLOWINSTRUCTIONS	· 		
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A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

Entry #: 458277

1382 42404

Licensee/Licensor

Non-UCC Filing

being administered by a Decedent's Personal Representative

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

Agricultural Lien

Bailee/Bailor

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

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

Public-Finance Transaction

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)

Manufactured-Home Transaction

Lessee/Lessor

Entry: 458277 Page 2 of 3

- 1	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left blank				
	9a. ORGANIZATION'S NAME	_	1			
DR	9ь. INDIVIDUAL'S SURNAME Yazzie					
	FIRST PERSONAL NAME Travis		1			
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	1			
0.	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or				S FOR FILING OFFICE tatement (Form UCC1) (use	
	do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m	ailing address in line 10c				
DR	10b. INDIVIDUAL'S SURNAME			-		
						
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<u>-</u>				SUFFIX
0c	. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR
1.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	I OR SECURED PART	'S NAME: Provide	only <u>one</u> na	I nme (11a or 11b)	
R	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c	MAILING ADDRESS	CITY	· · · · · ·	STATE	POSTAL CODE	COUNTR
						1
A B	ADDITIONAL SPACE FOR ITEM 4 (Collateral): DP Evaporator Coil M# C36A175C139 S# 7117H67 RYANT Evaporator Coil M# 310AAV042090 S# 341817E00141	7579 17A18381 BRYAN	T A/C Conder	nser M#	‡113ANA036BN0	S#
А В 3	DP Evaporator Coil M# C36A175C139 S# 7117H67 RYANT Evaporator Coil M# 310AAV042090 S# 34	17A18381 BRYAN	EMENT:			
3. 3.	DP Evaporator Coil M# C36A175C139 S# 7117H67 RYANT Evaporator Coil M# 310AAV042090 S# 34* 817E00141 This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	17A18381 BRYAN	EMENT: cut covers as te:	nser M#		
3. 3.	DP Evaporator Coil M# C36A175C139 S# 7117H67 RYANT Evaporator Coil M# 310AAV042090 S# 34* 817E00141 This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 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 STAT covers timber to be 16. Description of real esta	EMENT: cut covers as te:			

Lot 103, LAKESIDE SUBDIVISION NO. 2, according to the official plat thereof, as recorded in the office of the County Recorded, Topele County, State of Utah.

19-018-0-0103

POOR COPY
TOOELE COUNTY RECORDER

Jerry M. Houghton