

Entry #: 557671

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FEE: \$40.00 BY: LIEN SOLUTIONS
Jerry Houghton, Tooele County, Recorder

	LOWINSTRUCTIONS	IDMENT					
	NAME & PHONE OF CONTACT AT FILER (optional) me: Wolters Kluwer Lien Solutions Phone: 800-331	I-3282 Fax: 8	18-662-4141				
B. I	E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com						
C.:	SEND ACKNOWLEDGMENT TO: (Name and Address)	55302 - Laund	ch Servicina.				
١	Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	82996	— — — — — — — — — — — — — — — — — — —				
1	Gleildale, CA 91209-9071	UTUT FIXTU	RE I				
Ľ	File with: Tooele, UT					R FILING OFFICE US	
	NITIAL FINANCING STATEMENT FILE NUMBER 54718 B0 P0 9/13/2021 CC UT Tooele		11	b. This FINANCING STATE! (or recorded) in the REAL File:: <u>attach</u> Amendment Add	. ESTATE	RECORDS	
2.	TERMINATION: Effectiveness of the Financing Statement id Statement	lentified above is	s terminated with re	espect to the security interest(s)	of Secure	d Party authorizing this Te	ermination
3.	ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also ind			ignee in item 7c <u>and</u> name of As	ssignor in i	ilem 9	
4.	CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law		with respect to the	e security interest(s) of Secured	Party auth	orizing this Continuation 6	Statement is
5.	PARTY INFORMATION CHANGE:						
	heck <u>one</u> of these two boxes: his Change affects Debtor or Secured Party of record	CHANG	of these three boxes GE name and/or ack i or 6b; <u>and</u> item 7a	trace: Complete ADD nom	e: Complet <u>and</u> item 7	te item DELETE name:	Give record name item 6a or 6b
6. C	URRENT RECORD INFORMATION: Complete for Party Inform						
	6a. ORGANIZATION'S NAME Cross River Bank c/o Sunlight Financial						
OR	6b. INDIVIDUAL'S SURNAME		FIRST PERSONAL	NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
7. C	HANGED OR ADDED INFORMATION: Complete for Assignment or I	Party Information Cha	inge - pravide only <u>one</u>	name (7a or 7b) (use exact, full name;	do not amit, n	nodify, or abbreviate any part of th	ne Debtor's name)
	7a. ORGANIZATION'S NAME SLSLT UNDERLYING TRUST 2020-1						
OR	7b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
7c. I	WAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
c/c	o Wilmington Trust, NA, 1100 North Market Street		Wilmington		DE	19890	USA
8.	OCLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four l Indicate collateral:	boxes: □ ADD	o collateral	DELETE collateral R	ESTATE (covered collateral	ASSIGN collateral
	AME OF SECURED PARTY OF RECORD AUTHORIZ	_			ame of Ass	ignor, if this is an Assignm	ent)
lf 	this is an Amendment authorized by a DEBTOR, check here 9a. ORGANIZATION'S NAME	and provide n	ame of authorizing	Debtor			
OR	Cross River Bank c/o Sunlight Financial				T		T
	9b. INDIVIDUAL'S SURNAME		FIRST PERSONAL	NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

LoanID 183623

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: IZATT, SHAYIA M

82996664

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form E554718 B0 P0 9/13/2021 CC UT Tooele				
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form				
	12a. ORGANIZATION'S NAME			
	Cross River Bank c/o Sunlight Financial			
OR				
UK	12b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

	13a. ORGANIZATION'S NAME						
OR	13b. INDIVIDUAL'S SURNAME IZATT	FIRST PERSONAL NAME SHAYIA	ADDITIONAL NAME(S)/INITIAL(S) M	SUFFIX			

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Debtor Name and Address:

IZATT, SHAYIA M - 317 W SLATE DR , TOOELE, UT 84074

IZATT, BRADEN - 317 W SLATE DR , TOOELE, UT 84074

Secured Party Name and Address:

SLSLT UNDERLYING TRUST 2020-1 - c/o Wilmington Trust, NA 1100 North Market Street, Wilmington, DE 19890

15. Tris FINANCING STATEMENT AMENUMENT:	17. Description of real estate:
covers timber to be cut covers as-extracted collateral is filed as a fixture filing	Legal Description LOT 2083 COPPER
Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	CANYON PUD PH 2B A PLANNED UNIT DEVELOPMENT OF TOOELE CITY. OUT OF 2-3-20 FOR 2008 YEAR. APN: 16-065-0-2083 County: TOOELE Lot: 2083

18. MISCELLANEOUS: 82996664-UT-45 55302 - Launch Servicing, LL

Cross River Bank c/o Sunlight Financial File with: Tooele, UT

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