		Entry #: 559271 11/08/2021 09:02 AM UNIFORM COMMERCIAL Page: 1 of 3 FEE: \$40.00 BY: CORPORATION SERVICE CO Jerry Houghton, Tooele County, Recorder				
CC FINANCING STATEMENT LOW INSTRUCTIONS						
NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294		1				
E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com		1				
SEND ACKNOWLEDGMENT TO: (Name and Address)		1				
2213 80251						
CSC 801 Adlai Stevenson Drive	·					
Springfield, IL 62703	Filed In: Utah					
<u> </u>	(Tooele)	THE ABOVE	SPACE IS EC	R FILING OFFICE USE	ONI Y	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exa		it, modify, or abbreviate any p	art of the Debtor	's name); if any part of the In	dividual Debtor's	
ame will not fit in line 1b, leave all of item 1 blank, check here and p 1a. ORGANIZATION'S NAME	provide the Individual De	otor information in item 10 of t	he Financing St	atement Addendum (Form U0	CC1Ad)	
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1b. INDIVIDUAL'S SURNAME Lancaster	FIRST PERSOI Daniel	NAL NAME	Robe	NAL NAME(S)/INITIAL(S) T	SUFFIX	
MAILING ADDRESS 5796 LIGHTHOUSE LANE	сіту Stansbury	/ Park	STATE	POSTAL CODE 84074	COUNTRY	
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exa						
name will not fit in line 2b, leave all of item 2 blank, check here and part 2a. ORGANIZATION'S NAME	orovide the individual De	btor information in item 10 of t	ne Financing St	atement Addendam (Form Ot		
2b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	S SECTION DARTY). B	rovido only one Secured Parts	, namo (3a or 3h			
3a. ORGANIZATION'S NAME Cross River Bank and its s						
3b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
MAILING ADDRESS 3419 Silverside Road	Wilmingto	on	DE	POSTAL CODE 19810	USA	
COLLATERAL: This financing statement covers the following collateral: Il fixtures now or hereafter securely and/or per	manently attac	ned to the property	identified	above excluding	personal	
ffects and household goods or appliances that					F 3. 00. 101	

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:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	0040 00054

Entry: 559271 Page 2 of 3

UCC FINANCING STATEMENT ADDENDUM

Sa. ORGANIZATION'S NAME B. INDICIDAL'S SURMANE Lancaster FIRST PERSONAL NAME Daniel ADDITIONAL MANE(SIGNITIAL(S) RObert ADDITIONAL MANE(SIGNITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY (10. DEBTOR'S NAME: Provide (10) or 100) only gas additional Debtor reside or Debtor traine that did not fit in the 18 or 20 of the Pinancing Statement (Form UCCT) (use exact. Li hand do not cert. and or additional property of the Debtor's name) and enter the mailing address in line 10c (10. DEBTOR'S NAME: Provide (10) only gas additional Debtor reside or Debtor traine that did not fit in the 18 or 20 of the Pinancing Statement (Form UCCT) (use exact. Li hand do not cert. and or address or additional statement of the control of the Pinancing Statement (Form UCCT) (use exact. Li hand do not cert. and or address or address or address in line 10c (10. MALLING ADDRESS (GITY STATE POSTAL CODE COUNTRY (11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only gas more (if to or 11th) (11. ADDITIONAL SECURED PARTY'S NAME PRESONAL NAME PROVIDE PR	9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing	Statement; if line 1b was lef	t blank				
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UCC FINANCING STATEMENT ADDENDUM

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