

Entry #: 583509

12/19/2022 04:56 PM UNIFORM COMMERCIAL CODE Page: 1 of 2 FEE: \$40.00 BY: LIEN SOLUTIONS Jerry Houghton, Tooele County, Recorder

A. NAME & PHONE OF CONTACT AT FILER (option	nal)				
Name: Wolters Kluwer Lien Solutions Phone: 8					
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Add	^{Iress)} 49471 - Launch Servicing,				
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	90475143 TUTUT				
1	FIXTURE 1				
File with: Tooele, UT	-	THE ABOVE SPACE	E IS F	OR FILING OFFICE US	E ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, m	odify, or abbreviate any part of the	ne Debtoi	'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 i	nformation in item 10 of the Fina	ncing Sta	stement Addendum (Form L	ICC1Ad)
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	ΔMF I	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
KENDALL	HERBERT		7.001110	THE THE MILE COPILITIES COP	0017111
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
329 West 2280 North	Tooele		UT	84074	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, m	odify, or abbreviate any part of the	ne Debtoi	r'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 i	nformation in item 10 of the Fina	ncing Sta	atement Addendum (Form L	JCC1Ad)
2a. ORGANIZATION'S NAME					
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
KENDALL	MELANIE				
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
329 West 2280 North			UT	84074	USA
- OFOURTRED DARROWS	Tooele			h)	
3. SECURED PARTY'S NAME (or NAME of ASSIGN) 3a. ORGANIZATION'S NAME		e only <u>one</u> Secured Party name	(3a or 3	<u>υ, </u>	
		e only <u>one</u> Secured Party name	(3a or 3	<i>ω</i> ,	
3a. ORGANIZATION'S NAME				NAL NAME(S)/INITIAL(S)	SUFFIX
3a, ORGANIZATION'S NAME EnerBankUSA	EE of ASSIGNOR SECURED PARTY): Provid				SUFFIX
3a ORGANIZATION'S NAME EnerBankUSA	EE of ASSIGNOR SECURED PARTY): Provid				SUFFIX
3a ORGANIZATION'S NAME EnerBankUSA OR 3b. INDIVIDUAL'S SURNAME	EE of ASSIGNOR SECURED PARTY): Provid FIRST PERSONAL N CITY Salt Lake City		ADDITIO	NAL NAME(S)/INITIAL(S)	

5. Check only if applicable and check	only one box: Collateral isheld in a Tru	ıst (see UCC1Ad, item 17 and	Instructions)	being administered by a De	cedent's Personal Representative
6a. Check only if applicable and check	only one box:			6b. Check only if applicable	and check <u>only</u> one box:
Public-Finance Transaction	Manufactured-Home Transaction	A Debtor is a Transmi	itting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if a	pplicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 90475143 LoanID 387090 LenderCode ENRBK2					ENDRIZO
90475143	LoanID 387090			LenderCode	ENRBRZ



Entry: 583509

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing because Individual Debtor name did not fit, check here	Statement; if line 1b was let	t blank				
9a. ORGANIZATION'S NAME						
R 80. INDIVIDUAL'S SURNAME						
KENDALL						
FIRST PERSONAL NAME HERBERT						
ADDITIONAL NAME(S)INITIAL(S)		SUFFIX	THE ABOVE	CDACE	S IS FOR FILING OFFK	'E IISE ONI '
DEBTOR'S NAME: Provide (10a or 10b) only one additional						
do not omit, modify, or abbreviate any part of the Debtor's name) 10a. ORGANIZATION'S NAME	and enter the mailing address	s in line 10c				
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME OF 11a. ORGANIZATION'S NAME	ASSIGNOR SECUR	ED PARTY'S N	IAME: Provide only	<u>one</u> nam	e (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PER:	SONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):				<u> </u>	l	
Maria Subbooks StateMent and Confession and	Ma This C		CA4CAIT-			
☐ This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable)		vers timber to be		extracted	collateral 🔀 is filed as a	fixture filing
Name and address of a RECORD OWNER of real estate description does not have a record interest):	ribed in item 16 16. Descrip	otion of real estate	e:			
					NSET ESTATI	
					BDIVISION OF 3-109 FOR 20:	
		R. 0.23 AC		JZ-1 4	3-109 FOR 20.	20
		20088008				
		ty: Tooele)			
	Lot: 8	315				
	EnerBankUSA					