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| S. SEND ACKNOWLE | DGEMENT TO: (Name an | id Address) | 507190 IWE | LSFARGO3 | | | | |
| I UCC Dir | ect Services | | 564207 | | | | | |
| P.O. Box | | | 304207 | ' | | | | |
| | e, CA 91209-9071 | | Ackn | | | | | |
| | File with | n: Weber, UT | Dixtur | ᄼᅴ | * | | | |
| . DEBTOR'S EXAC | T FULL LEGAL NAME | - insert only or | ne debtor name (1. | a or 1b) - do not a | bbreviate or combine n | ACE IS FOR | FILING OFFICE USE ONLY | |
| I I a. ORGANIZA I IC | N S NAME | | | | Utah limited partne | | | |
| 16. INDIVIDUAL'S | LAST NAME | | | FIRST NAME | , = | MIDDLE | NAME | SUFFIX |
| | WEST, SUITE 200 |) | | SALT LAKE | CITY | STATE | POSTAL CODE 84101 | COUNTRY |
| i. TAX ID#; SSN OR E | ORGANIZATION DEBTOR | Limited Pa | artnership | UT | OF ORGANIZATION | 2112 | GANIZATIONAL ID #, If any 2519-0180 | Пиои |
| ADDITIONAL DEB | TOR'S EXACT FULL L | EGAL NAME - | insert only <u>one</u> de | ebtor name (2a or | 2b) - do not abbreviate | or combine | names | |
| 28. ORGANIZATIO | N'S NAME | | | | | - | | ······································ |
| 2b. INDIVIDUAL'S L | AST NAME | | | FIRST NAME | | MIDDLE | STARAGE | Louis |
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| . MAILING ADDRESS | IN ADD'L INFO RE | 2e. TYPE OF O | RGANIZATION | 2f. JURISDICTION | OF ORGANIZATION | " | GANIZATIONAL ID #, if any | |
| . TAX ID #: SSN OR E | ORGANIZATION DEBTOR | ļ | | | | | | |
| . TAX ID #: SSN OR E | ORGANIZATION DEBTOR 'S NAME (or NAME of | TOTAL ASSIG | NEE of ASSIGNO | R S/P) - Insert on | y one secured party na | me (3a or 3t | 1) | |
| SECURED PARTY 3a. ORGANIZATION Wells Fargo | ORGANIZATION DEBTOR S NAME (or NAME of | TOTAL ASSIG | NEE of ASSIGNO | R S/P) - Insert onl | y <u>one</u> secured party na | me (3a or 3b |) | · · · · · · · · · · · · · · · · · · · |
| SECURED PARTY 30. ORGANIZATION Wells Fargo | ORGANIZATION DEBTOR S NAME (or NAME of VS NAME Bank N.A. | TOTAL ASSIG | NEE of ASSIGNO | R S/P) - insert on | y <u>one</u> secured party na | me (3a or 3b | | SUFFIX |
| SECURED PARTY 3a. ORGANIZATION Wells Fargo | ORGANIZATION DEBTOR S NAME (or NAME of 18 NAME Bank N.A. | TOTAL ASSIG | NEE of ASSIGNO | | y <u>one</u> secured party na | - 104 | | SUFFIX |

4. This Financing STATEMENT covers the following collisteral:

LOAN # 1343OU "THIS STATEMENT TO BE INDEXED IN THE REAL ESTATE RECORDS OF WEBER COUNTY" EXHIBIT A TO FIN.

STATEMENT COLLATERAL DESCRIPTION EXHIBIT A TO STATE OF UTAH UNIFORM COMMERCIAL CODE ("UCC")-FINANCING

STATEMENT-FORM UCC-1 ("FINANCING")

E* 1896605 BK2296 PG449
DOUG CROFTS, WEBER COUNTY RECORDER
12-DEC-02 939 AH FEE \$57.00 DEP JPH
REC FOR: UCC.DIRECT.SERVICES

| 5. ALTERNATIVE DESIGNATION [if applicable] | LESSEE/LESSOR CONSIGNEE/CONS | SIGNOR BAILEE/BAILOR SELLER/BUYER AG, LIEN NON-LICC ET INC |
|--|---------------------------------|--|
| 6. This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum | | neck to REQUEST SEARCH REPORT(S) on Debtor(s) |
| 8. OPTIONAL FILER REFERENCE DATA | [if applicable] [A | DDITIONAL FEEI Continuati All Debtors Debtor 1 Debtor 2 |
| 5642077 | 1343OU | 4 7572/13430U/FLLSRVC |
| FILING OFFICE COPY - NATIONAL UCC FIN | ANCING STATEMENT (FORM UCC1) (F | REV. 07/29/98) Prepared by UCC Direct Services, P.O. Box 29071 Glandale, CA 91209-9071 Tel (800) 331-3282 |

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4 7572/1343OU/FLLSRVC File with: Weber, UT 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate 11a, ORGANIZATION'S NAME 11b. INDIVIDUAL'S LAST NAME FIRST NAME 11c. MAILING ADDRESS CITY 11d. TAX ID#: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 11e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION ADDITIONAL SECURED PARTY'S OF ASSIGNOR S/P's NAME - insert only one name (12a or 1 OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 12c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 13. This FINANCING STATEMENT covers Immber to be cut or collateral or is filed as a X flxture filing. 16. Additional collateral description: STATEMENT"), NAMING BOYER-WASHINGTON BOULEVARD ASSOCIATES NO. 2, LTD., A UTAH LIMITED PARTNERSHIP, AS "DEBTOR" AND WELLS FARGO BANK, NATIONAL ASSOCIATION, AS "SECURED PARTY", DATED AS OF OCTOBER 17, 2002. 1. COLLATERAL DESCRIPTION. THE FINANCING STATEMENT 14. Description of real estate: Description: SEE COLLATERAL DESCRIPTION E# 1896605 BK2296 PG450 15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): 17. Check only if applicable and check only one box. Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate 18. Check only if applicable and check only one box. Debtor is a TRANSMITTING UTILITY Filed in connection with a Manufactured-Home Transaction - effective 30 years Filed in connection with a Public-Finance Transaction -- effective 30 years FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98) Prepared by UCC-Direct Services, Inc., P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-3282

FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

BOYER-WASHINGTON BOULEVARD ASSOCIATES NO. 2, LTD., a Utah limited partnership

FIRST NAME

dixture

9a. ORGANIZATION'S NAME

9b. INDIVIDUAL'S LAST NAME

507190 IWELLSFARGO3

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|------|---|-------------------------------|----------------------|---|--|---------------|----------------------|----------------|------|
| 9. | NAME OF FIRST DEBTOR (1a or 19a. ORGANIZATION'S NAME BOYER-WASHINGTON BOULE) | | | | | | | . * | |
| OF | 9b. INDIVIDUAL'S LAST NAME | FIRST NAM | | MIDDLE NAME, SUFFIX | | | | | |
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| OR | | | | | | | | | |
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| 110 | . MAIGING ADDRESS | | | CITY | | STATE | POSTAL CODE | COUNT | RY |
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| 40 | T-7 | | | <u> </u> | | | | L | NONE |
| 12. | ADDITIONAL SECURED PAI | RTY'S or A | SSIGNOR S/P's NA | AME - Insert only one name (12 | 2а ог 12b) | | | | |
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| ΣR | 12b. INDIVIDUAL'S LAST NAME | | | FIRST NAME | 11 | MIDDLE | NAME | SUFFIX | |
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| | This FINANCING STATEMENT covers | timber to be cut o | r as-extracted | 16. Additional collateral description | on: | | | | |
| | collateral or is filed as a fixture filit Description of real estate: | ng. | | INCLUDES THE FOL IN WHICH DEBTOR I INTEREST (COLLEC BUILDING AND OTH PROCESS, EQUIPME | TIVELY, THE 'ER MATERIAL | NY II COLL | | | |
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| 5. N | ame and address of a RECORD OWNER (If Debtor does not have a record interest | t of above-described r t): | | 17. Check <u>only</u> if applicable and ch | eck <u>only</u> ane box. | | 05 BK229 | ₽ ሪ PG4 | -51 |
| 5. N | ame and address of a RECORD OWNER (if Debtor does not have a record interest | t of above-described r t): | | | eck <u>only</u> one box. ee acting with respect | | | P & PG & | |
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| 9a. ORGANIZATION'S NAME BOYER-WASHINGTON BOULEV | | | | | | | |
| 96. INDIVIDUAL'S LAST NAME | FIRST NAME | | the state of the s | ŀ | | | |
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| le with: Weber, UT | • | | | THE ABOVE SPA | ACE IS FO | R FILING OFFICE USE | ONLY |
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| 11a, ORGANIZATION'S NAME | | | | | | <u> </u> | |
| 11b. INDIVIDUAL'S LAST NAME | | FIRST | NAME | | MIDDLE | | |
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| o. MAILING ADDRESS | | CITY | | | STATE | POSTAL CODE | COUNTRY |
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| ADDITIONAL SECURED PAR | RTY'S or ASSIGNOR | R S/P's NAME - in | sert only <u>one</u> name | (12a or 12b) | | | |
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Debtor is a TRANSMITTING UTILITY

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

Filed in connection with a Manufactured-Home Transaction -- effective 30 years
Filed in connection with a Public-Finance Transaction -- effective 30 years

Prepared by UCC-Direct Services, Inc., P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-3282

FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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| 9. | NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA | TEMENT | | | |
| OR | 9a. ORGANIZATION'S NAME BOYER-WASHINGTON BOULEVARD ASSOCIATES NO. 2, LTD., a | Utah limited partnership | | | |
| | 95. INDIVIDUAL'S LAST NAME FIRST NAME | MIDDLE NAME SUFFIX | | | |
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| 11. | ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on 11a. ORGANIZATION'S NAME | e name (11a or 11b) - do not abl | THE ABOVE SPACE IS FO | S . | ONLY |
| OR | 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | NAME | SUFFIX |
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| 12. | ADDITIONAL SECURED PARTY'S OF ASSIGNOR S/P'S 12a. ORGANIZATION'S NAME | NAMÉ - insert only <u>one</u> name (1 | 2a or 12b) | | |
| R | 12b, INDIVIDUAL'S LAST NAME | | | | |
| | IZU. INDIVIDUAL 3 LAST NAME | FIRST NAME | MIDDLE | NAME | SUFFIX |
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| 15. N | ame and address of a RECORD OWNER of above-described real estate (If Debtor does not have a record interest): | | | | |
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| scription of real estate: | | | DEPOSIT ACCOU | NTS, ACCOUNTS | S RECEIVABL | E, CONTRACT |
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| ne and address of a RECORD OWNE Debtor does not have a record intere | ER of above-desc est): | ibed real estate | | | • | • |
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| | LOW INSTRUCTIONS (front ar AME OF FIRST DEBTOR (1a o 1a). ORGANIZATION'S NAME BOYER-WASHINGTON BOULE BOYER-WASHINGTON BOULE BOYER-WASHINGTON BOULE BOYER-WASHINGTON BOULE BOYER-WASHINGTON BOULE BOYER-WASHINGTON BOULE BOYER-WASHINGTON BOULE BOYER B | LOW INSTRUCTIONS (front and back) CARE AME OF FIRST DEBTOR (1a or 1b) ON RELA BADOFERST DEBTOR (1a or 1b) ON RELA BADOFERST DEBTOR (1a or 1b) ON RELA BADOFER-WASHINGTON BOULEVARD ASSOC BADOFE | LOW INSTRUCTIONS (front and back) CAREFULLY AME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STAT 1a. ORGANIZATION'S NAME 30. ORGANIZATION'S NAME 30. ORGANIZATION'S NAME 30. INDIVIDUAL'S LAST NAME 30. INDIVIDUAL'S LAST NAME 57.2/13430U/FLLSRVC with: Weber, UT 10. INDIVIDUAL'S LAST NAME 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S LAST NAME 11b. INDIVIDUAL'S LAST NAME 11c. INDIVIDUAL'S LAST NAME 11d. INDIVIDUAL'S LAST NAME 11d. ORGANIZATION DEBTOR'S 11d. ORGANIZATION DEBTOR 11d. ORGANIZATION DEBTOR 11d. TYPE OF ORGANIZATION DEBTOR 11d. ORGANIZATION SHAME 12d. ORGANIZATION'S NAME 12d. INDIVIDUAL'S LAST NAME 12d. INDIVIDUAL'S | LOW INSTRUCTIONS (front and back) CAREFULLY AME OF FIRST DEBTOR (1 or 1b) ON RELATED FINANCING STATEMENT Ba ORGANIZATION'S NAME SOVER-WASHINGTON BOULEVARD ASSOCIATES NO. 2, LTD., a Utah limited partnership Bib. INDIVIDUAL'S LAST NAME MIDDLE NAME, SUFFIX M | LOW INSTRUCTIONS (front and back) CAREFULLY AME OF FIRST DEPTOR (1s or 1s) ON RELATED PRIVANCING STATEMENT 30. ORGANIZATION'S NAME SOVER-WASHINGTON BOULEVARD ASSOCIATES NO. 2, LTD., a Utah limited partnership 30. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX MIDDLE NAME, SUFFIX MIDDLE NAME, SUFFIX MIDDLE NAME, SUFFIX MIDDLE NAME, SUFFIX MIDDLE NAME, SUFFIX MIDDLE NAME, SUFFIX MIDDLE NAME, SUFFIX MIDDLE NAME, SUFFIX MIDDLE NAME, SUFFIX THE ABOVE SPAC THE ABOVE SPAC THE ABOVE SPAC With: Weber, UT THE ABOVE SPACE THE ABOVE SPACE | LOW INTRICCTIONS (front and back) CAREFULLY MARE OF FIRST DESTOR (1 or 1) BON RELATED PINANCING STATEMENT 50 ORGANIZATIONS NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME.SUFFIX MIDDLE NAME.SUFFIX THE ABOVE SPACE IS FOR FILING O THE ABOVE SHAPE IS THE ABOVE SPACE IS FOR FILING O THE ABOVE SPACE IS FOR FILING O THE ABOVE SPACE IS FOR FILING O THE ABOVE SHAPE IS THE ABOVE SPACE IS FOR FILING O THE ABOVE SHAPE IS THE ABOVE SPACE IS FOR FILING O THE ABOVE SHAPE IS THE ABOVE SHAPE IS THE ABOVE SPACE IS FOR FILING O THE ABOVE SHAPE IS THE ABOVE SHAPE IS THE ABOVE SHAPE IS THE ABOVE SHAPE IS THE ABOVE SHAPE IS THE ABOVE SHAPE IS THE ABOVE SHAPE IS THE ABOVE SHAPE IS THE ABOV |

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| 9a. ORGANIZATION'S NAME BOYER-WASHINGTON BOULEVARD ASSOCIATES NO. 2, LTD., a Uta | | | | | a Utah lim | ited partnership | 1 | | | | |
| OF | 96. INDIVIDUAL'S LAST NA | | | TNAME | | MIDDLE NAME, SUFFIX | | | | | |
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| OR | 11b. INDIVIDUAL'S LAST I | VAME | | | 15.5 | ST NAME | | 1 | - : | | |
| | THE WINDOWS CAST | NAME | | | FIR | S) NAME | | MIDDLE | NAME | SUFFIX | |
| 110 | . MAILING ADDRESS | | | • | CIT | Y | | STATE | POSTAL CODE | COUNTRY | · |
| 11d | . TAX ID#; SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TY | PE OF ORGANIZATION | 11f. | JURISDICTION OF ORG | SANIZATION | 11g. OF | GANIZATIONAL ID #, If | · — | NON |
| 12. | ADDITIONAL SEC | URED PARTY'S | or | ASSIGNOR S/P/ | e NAME | insert only <u>one</u> name | 2 (420 or 40h) | -l | | <u> </u> | NON |
| | 12a. ORGANIZATION'S NA | | <u>,51</u> 1 | AGGIGNORGI | 2 IAWIAIC | insert only one name | 9 (128 OF 120) | | | | |
| R | 12b. INDIVIDUAL'S LAST N | IAME | | | Leie | | | | i | | |
| | IZO. INDIVIDUAL O DAST I | , | | • | FIFG | ST NAME | | MIDDLE | NAME | SUFFIX | |
| 2c. | MAILING ADDRESS | | | | Cir | , | | STATE | POSTAL CODE | COUNTRY | , · |
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| | collateral or is filed as a Description of real estate: | fixture filing. | | cut or as-extract | DIA N | Additional collateral desc RAFTS, LETTER ISURANCE AND NY OTHER RIGH AMES, TRADEM ELATED TO THE | RS OF CREDIT, CONDEMNATION TS TO THE PA JARKS AND SEE | ON AM YMEN SVICE | /ARDS AND PR I OF MONEY, T MARKS ARISIN | OCEEDS, RADE G EROM (| DR - |
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| FINANCING STATEMENT A FOLLOW INSTRUCTIONS (front and back) CARE | FULLY | | | | | |
|--|------------------------|---|---|-------------|--|----------------|
| 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELA 9a. ORGANIZATION'S NAME BOYER-WASHINGTON BOULEVARD ASSOC | TED FINANCING STAT | | l | | | |
| JR | T NAME | MIDDLE NAME, SUFFIX | | | | |
| 10. MISCELLANEOUS | | | | | | |
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| 507190 IWELLSFARGO3 | | | | | | |
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| file with: Weber, UT | | | | | | |
| 1. ADDITIONAL DEBTOR'S EXACT FULL LEGAL | NAME - insert only one | namo (dda or 11h) - do nati | THE ABOVE SPA | CE IS FO | R FILING OFFICE USE | ONLY |
| 11a, ORGANIZATION'S NAME | TO THE PROPERTY OF THE | manie (1 ta dr. 1 tb) - do not : | addreviate or combin | e names | <u> </u> | |
| R | | | | | 1.1 | |
| 11b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE | NAME | SUFFIX |
| 1c. MAILING ADDRESS | | CITY | <u>-</u> | STATE | POSTAL CODE | COUNTRY |
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| Id. TAX ID#: SSN OR EIN ADD'L INFO RE 11e. TY | PE OF ORGANIZATION | 11f. JURISDICTION OF ORG. | ANIZATION | 11g. OR | GANIZATIONAL ID #, II | any |
| DEBTOR | | | | | | □ NO |
| ADDITIONAL SECURED PARTY'S QE | ASSIGNOR S/P's N | AME - Insert only <u>one</u> name | (12a or 12b) | | | |
| 12a. ORGANIZATION'S NAME | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | · · · · · · · · · · · · · · · · · · · | ·········· |
| 12b. INDIVIDUAL'S LAST NAME | ···· | Tripot Merid | | | | |
| The state of the s | | FIRST NAME | | MIDDLE | NAME | SUFFIX |
| c. MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY |
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| . This FINANCING STATEMENT covers I limber to be | cut or as-extracted | 16. Additional collateral descr | Inline: | | <u> </u> | |
| collateral or is filed as a fixture filing. | ٠ لـــا | OPERATION OF T | HE SUBJECT P | ROPE | RTY OR ANY R | USINESS |
| i. Description of reat estate: | | NOW OR HEREAF PERMITS, CONSE AUTHORIZATIONS OR OBTAINED FR RESPECT TO | NTS, APPROVA S AND OTHER F | LS, LI | IEREON BY DE CENSES, ROBANTED BY | BTOR; ALL |
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| . Name and address of a RECORD OWNER of above-descr (if Debtor does not have a record interest): | ibed real estate | | | 34 4 | enger nummer | |
| Name and address of a RECORD OWNER of above-description does not have a record interest): | ibed real estate | | | 766 | 05 8K229 | 76 PG45 |
| Name and address of a RECORD OWNER of above-descr (if Debtor does not have a record interest): | ibed real estate | 17. Check only if applicable and | d check <u>only</u> one box. | <u> </u> | | |
| Name and address of a RECORD OWNER of above-descr (if Debtor does not have a record Interest): | ibed real estate | Debtor is a Trust or Tr | d check <u>only</u> one box. ustee acting with respec | <u> </u> | | |
| Name and address of a RECORD OWNER of above-descr (if Debtor does not have a record Interest): | ibed real estate | Debtor is a Trust or Trust 18. Check only if applicable and | d check <u>only</u> one box, ustee acting with respec d check <u>only</u> one box. | <u> </u> | | |
| Name and address of a RECORD OWNER of above-descr (if Debtor does not have a record interest): | ibed real estate | Debtor is a Trust or | d check <u>only</u> one box. ustee acling with respec d check <u>only</u> one box. G UTILITY | l lo prope | rly held in trust or | P645 |
| Name and address of a RECORD OWNER of above-descr (if Debtor does not have a record Interest): | ibed real estate | Debtor is a Trust or Trust 18. Check only if applicable and | d check <u>only</u> one box, ustee acling with respect of check <u>only</u> one box. G UTILITY Manufactured-Home Trai | to proper | riy held in trust or | |

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| F | INANCING STATEMENT ADDENDUM LLOW INSTRUCTIONS (front and back) CAREFULLY | | | | |
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| _ | NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA | | | | |
| OR | BOYER-WASHINGTON BOULEVARD ASSOCIATES NO. 2, LTD., a | Utah limited partnership | | | |
| OR | 9b. INDIVIDUAL'S LAST NAME FIRST NAME | MIDDLE NAME, SUFFIX | | | |
| 10. | MISCELLANEOUS | | | | |
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| 4 7 | 7572/1343OU/FLLSRVC | | | | |
| File | with: Weber, UT | | | | |
| 11. | ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only on | | THE ABOVE SPACE | IS FOR FILING OFFICE US | E ONLY |
| • •• | 11a. ORGANIZATION'S NAME | g name (118 or 11b) - do not abb | previate or combine r | ames | |
|)R | | | | | |
| | 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | MI | DDLE NAME | SUFFIX |
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| | MAILING ADDRESS | CITY | ST | ATE POSTAL CODE | COUNTRY |
| 11d. | TAX ID#: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION OF DEBTOR | 11f. JURISDICTION OF ORGANI | ZATION 11 | g. ORGANIZATIONAL ID#, | |
| 12. | | | | | NONE |
| 2. | ADDITIONAL SECURED PARTY'S OF ASSIGNOR S/P's 12a. ORGANIZATION'S NAME | NAME - insert only one name (12 | 2a or 12b) | | |
| R | 126. INDIVIDUAL'S LAST NAME | FIRST NAME | TMI | DDLE NAME | SUFFIX |
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| 2c. | MAILING ADDRESS | CITY | STA | ATE POSTAL CODE | COUNTRY |
| 3, 7 | his FINANCING STATEMENT covers timber to be cut or as-extracted | 16. Additional collateral description | | | |
| • | collateral or is filed as a fixture filing. | THE SUBJECT PROP | | POSITS OP | • |
| 4. E | escription of real estate: | I OTHER SECURITY N | NOW OR HERE | AFTER MADE WIT | H OR GIVEN |
| | | TO UTILITY COMPAN SUBJECT PROPERT | Υ·ΑΙΙ ΑΠΙΛΑΝΙ | CE DAVMENTS OF | INICHIDANICE |
| | | PREMIUMS MADE B | Y DEBTOR WIT | H RESPECT TO T | HE SUBJECT |
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| | | a contract of the contract of | | <i></i> | |
| 5. N | ame and address of a RECORD OWNER of above-described real estate (If Debtor does not have a record interest): | | ደ ፍ ፲ ፭ታን | DOUS DRZZ | 96 PG457 |
| 5. N | ame and address of a RECORD OWNER of above-described real estate (If Debtor does not have a record interest): | 17. Check only if applicable and ch | | 0603 bh22 | 96 PG457 |
| 5. N | ame and address of a RECORD OWNER of above-described real estate (If Debtor does not have a record interest): | 17. Check only if applicable and ch | | | |
| 5. N | ame and address of a RECORD OWNER of above-described real estate (If Debtor does not have a record interest): | | neck <u>only</u> one box. se acting with respect to | | Decedent's Estate |
| 5. N | ame and address of a RECORD OWNER of above-described real estate (If Debtor does not have a record interest): | Debtor is a Trust or Truste 18. Check only if applicable and ch | neck <u>only</u> one box. se acting with respect to neck <u>only</u> one box. | | |
| 5. N | ame and address of a RECORD OWNER of above-described real estate (If Debtor does not have a record interest): | Debtor is a Trust or Truste | neck <u>only</u> one box. se acting with respect to neck <u>only</u> one box. JTILITY | property held in trust or | |

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| | AME OF FIRST DEBTOR (1a or 1b) ON | RELATED FINANCING STATE | MENT | | | | |
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| | 98. ORGANIZATION'S NAME BOYER-WASHINGTON BOULEVARD A | ASSOCIATES NO. 2, LTD., a Ut | ah limited partnership | | | | |
| R | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | | | | |
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| File | with: Weber, UT | | | | | | |
| 11 | ADDITIONAL DEBTOR'S EXACT FULL | LEGAL NAME insert only one | nama (11a or 11b), do not a | | | R FILING OFFICE USE | ONLY |
| | 118. ORGANIZATION'S NAME | LEGAL NAME - Insert only one | name (118 or 11b) - do not a | indireviate or combin | e names | | |
| R | | | | | | | |
| | 116. INDIVIDUAL'S LAST NAME | • | FIRST NAME | | MIDDLE 1 | NAME | SUFFIX |
| 11c | MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY |
| Itd | TAX ID#: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f, JURISDICTION OF ORGA | NOITAZINA | 11g. OR0 | J GANIZATIONAL ID #, If a | any Non |
| 12. | ADDITIONAL SECURED PARTY'S | or ASSIGNOD S/D's N | AME - insert only <u>one</u> name | (12a ar 12b) | · | | |
| | 12a. ORGANIZATION'S NAME | VI LI AddidNott Sit s te | ANIC - Insert only one harne | (128 01 120) | | | |
| R | 126. INDIVIDUAL'S LAST NAME | | | | | | |
| | 120. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE | NAME | SUFFIX |
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| 12c. | MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY |
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| 13, | · · · · · · · · · · · · · · · · · · · | nber to be cut or as-extracted | 16. Additional collateral descr PROPERTY; ALL F RELATING TO THI HELD BY SECURE FUNDS DEPOSITE LOAN AGREEMEN | PLANS, DRAWI E SUBJECT PR D PARTY, WHI D WITH SECU | NGS AI OPERT ETHER RED PA | ND SPECIFICAT TY; ALL LOAN F OR NOT DISBU ARTY PURSUAI | FIONS UNDS JRSED; ALL NT TO ANY |
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| 3. | his FINANCING STATEMENT covers time to the covers time time time time time time time time | | 16. Additional collateral descriped property; ALL FRELATING TO THI HELD BY SECURE FUNDS DEPOSITE LOAN AGREEMEN 17. Check only if applicable and Debtor is a Trust or Till. Check only if applicable and the collateral property of the colla | ELANS, DRAW! E SUBJECT PR ED PARTY, WHI ED WITH SECU IT; ALL RESER Id check only one box. Tustee acting with respect Id check only one box. IG UTILITY Manufactured-Home Tr | NGS AI OPERI ETHER RED P, VES, D | ND SPECIFICAT TY; ALL LOAN F OR NOT DISBLE ARTY PURSUAL DEFERRED PAY OF BK225 orty held in trust or effective 30 years | FIONS UNDS JRSED; ALL NT TO ANY MENTS, |

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| | AME OF FIRST DEBTOR (1a or 1b) ON | RELATED FINANCING STATE | MENT | | | | |
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| | DE, ORGANIZATION'S NAME BOYER-WASHINGTON BOULEVARD A | SSOCIATES NO. 2, LTD., a Uta | h limited partnership | | | | |
| Ì | Bb. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | | | | |
|). (| MISCELLANEOUS | | | | | | |
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| le | with: Weber, UT | | | THE ABOVE SP | ACE IS FO | R FILING OFFICE US | EONLY |
| | ADDITIONAL DEBTOR'S EXACT FULL I | LEGAL NAME - insert only one r | name (11a or 11b) - do not | | | | |
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| • | 11b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE | IAME | SUFFIX |
| Ic. | MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY |
| 1d. | ORGANIZATION | 11e, TYPE OF ORGANIZATION | 11f. JURISDICTION OF OR | GANIZATION | 11g. OR | SANIZATIONAL ID #, | |
| | DEBTOR | <u> </u> | | | <u> </u> | | |
| 2, | ADDITIONAL SECURED PARTY'S 12a. ORGANIZATION'S NAME | or ASSIGNOR S/P's N/ | AME - insert only <u>one</u> nam | e (12a or 12b) | | | |
| ₹ | 12b, INDIVIDUAL'S LAST NAME | | FIRST NAME | <u> </u> | IMIDDLE | JAME | SUFFIX |
| | , | | THE TOTAL | | | | , |
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| | his FINANCING STATEMENT covers lim | nber to be cut or as-extracted | 16. Additional collateral des | cription: | | | |
| | collateral or is filed as a fixture filing. | | | - | IDS, CO | ST SAVINGS | AND |
| | escription of real estate: | | DEPOSITS, ACCOMPAYMENTS OF A PROPERTY OR A REPLACEMENTS | ANY PORTION T S AND PROCEE | THEREC DS OF, | F; TOGETHE AND ADDITIC | R WITH ALL INS AND |
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| , 5. N | | nove-described real estate | ACCESSIONS TO ALL BOOKS, 17. Check only if applicable Debtor is a Trust or | E + 1. E and check <u>only</u> one box Trustee acting with resp and check <u>only</u> one box | ₹ ? & ≤ | 105 BK22 | ************************************** |
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FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| . NAME OF FIRST DEBTOR (1a or | 1b) ON RELATED FINANCING STAT | EMENT | | | |
|---|--|--|--|-----------------------|-------------------|
| 19a, ORGANIZATION'S NAME | /ARD ASSOCIATES NO. 2, LTD., a U | | | | • |
| 9b, INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | | | |
| 0. MISCELLANEOUS | | | | | |
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| ile with: Weber, UT | | | | | |
| I. ADDITIONAL DEBTOR'S EXACT | FULL LEGAL NAME - Insert only one | 20mg (110 or 11h) de ret ell | THE ABOVE SPACE IS FO | OR FILING OFFICE US | EONLY |
| I 18. ORGANIZATION'S NAME | VOLUME - INSUR ONLY ONE | maine (Tra or Trb) - do not abr | previate or combine name | \$. | <u></u> |
| 11b. INDIVIDUAL'S LAST NAME | | | | | |
| 118. INDIVIDUAL'S EAST NAME | | FIRST NAME | MIDDLE | NAME | SUFFIX |
| c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | |
| | | | SIAIE | POSTAL CODE | COUNTRY |
| d. TAX ID#: SSN OR EIN ADD'L INFO ORGANIZA | | 11f. JURISDICTION OF ORGANI | ZATION 11g. OF | RGANIZATIONAL ID #, I | f any |
| DEBTOR | | } | | | NONE |
| ADDITIONAL SECURED PAR | RTY'S or ASSIGNOR S/P's N | IAME - insert only <u>one</u> name (1 | 2a or 12b) | | |
| 12a. ORGANIZATION'S NAME | | , , , , , , , , , , , , , , , , , , , | 25 01 120) | | |
| 12b. INDIVIDUAL'S LAST NAME | | | | | Ŧ |
| TES. INDIVIDUAL S CAST NAME | | FIRST NAME | MIDDLE | NAME | SUFFIX |
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| collateral or is filed as a Insture file | ng. | RECORDS AND FILE | S RELATING TO A | NY OF THE | |
| Description of real estate: | | I FUREGUING, THE F | II ING OF THIS FIN | ΔΝΟΙΝΩ ΩΤΑΤΕ | MENT |
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| Name and address of a RECORD OWNER | Not also as a second se | | | | |
| (if Debtor does not have a record interest | t): | | E9 18966 | 05 BK221 | 2A P64A0 |
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| | | | | rty held in trust or | Decedent's Estate |
| | | 18. Check only if applicable and ch | eck <u>only</u> one box. | Tyrield in trost or | Decedent's Estate |

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

A SALANIA

Filed In connection with a Public-Finance Transaction -- effective 30 years

Prepared by UCC-Direct Services, Inc., P.O. Box 29071 Glandale, CA 91209-9071 Tel (800) 331-3282

| 9. NAME OF FIRST DEBTOR (| (1a or 1b) ON REL | ATED FINANCING STAT | EMENT | | | | |
|--|----------------------------------|--|--|--|--|--|----------------------------------|
| 9a. ORGANIZATION'S NAME BOYER-WASHINGTON BO | | | | | | | |
| 9b. INDIVIDUAL'S LAST NAME | | RST NAME | MIDDLE NAME, SUFFIX | | | | |
| 10. MISCELLANEOUS | <u> </u> | | | | | | |
| 5642077-40-1 | | | | | | | |
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| File with: Weber, UT | | | ľ | THE ADOVE S | DACE IS EC | OR FILING OFFICE USE | |
| 1. ADDITIONAL DEBTOR'S EX | XACT FULL LEGA | AL NAME - Insert only one | name (11a or 11b) - do not a | bbreviate or com | bloe name | S FILING OFFICE USE | E ONLY |
| 11a. ORGANIZATION'S NAME | | | | | | | |
| R 11b. INDIVIDUAL'S LAST NAME | Ë | | FIRST NAME | | MIDDLE | | |
| | | | THE THE | | MIDDLE | NAME | SUFFIX |
| 1c. MAILING ADDRESS | | | СПУ | | STATE | POSTAL CODE | COUNTRY |
| | D'L INFO RE 11e. 1 GANIZATION | TYPE OF ORGANIZATION | 111. JURISDICTION OF ORGA | NIZATION | 11g. OF | RGANIZATIONAL ID #, I | If any |
| DEB | BTOR | | | | | | NONE |
| 2. ADDITIONAL SECURE | ED PARTÝ'S or | ASSIGNOR S/P's N | AME - Insert only one name | 12a or 12b) | - | | |
| 12e. ORGANIZATION'S NAME | t | | | | | * | |
| 125. INDIVIDUAL'S LAST NAME | £ | | FIRST NAME | | MIDDLE | NAME | I SHEETO 6: |
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| Cc. MAILING ADDRESS | | ······································ | | | | ~ | 1 |
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| | | | CITY | | STATE | POSTAL CODE | COUNTRY |
| 3. This FINANCING STATEMENT co- | fam. d | be cut or as-extracted | 16. Additional collateral descrip | | | | COUNTRY |
| collateral or is filed as a fix | overs limber to | be cut or as-extracted | 16. Additional collateral description AND FIXTURE FILITION DATE HEREWITH. | NG ("DEED C | OF TRUS | ST") OF EVEN | TV |
| | fam. d | be cut or as-extracted | 16. Additional collateral description of the collateral descriptio | NG ("DEED C FROM DEBT | OF TRUS | ST") OF EVEN SECURED PAR STY WITH BES | TY TO |
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| LLOW INSTRUCTIONS (front and back) NAME OF FIRST DEBTOR (1a or 1b) ON | | ANCING STATE | MENT | | 1 | | | |
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| 9a. ORGANIZATION'S NAME | | | ····· | nartnership | | | | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | 0. 2, 210., 2 0 | | - 1 | ı | | | |
| MISCELLANEOUS | | | | | | | | |
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| 7190 IWELLSFARGO3 | | | | | | | | |
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| e with: .vveber, O1 | | | | | THE ABOVE SE | PACE IS FO | R FILING OFFICE USE | ONLY |
| ADDITIONAL DEBTOR'S EXACT FULL I | EGAL NAME - | insert only <u>one</u> i | name (11a | or 11b) - do not | | | | |
| 11b. INDIVIDUAL'S LAST NAME | | | TEIRST N | A MIS | | LMDDIE | NAME | CHEEN |
| | | | | | | MIDDLE | NOWE | SUFFIX |
| MAILING ADDRESS | | | CITY | | | STATE | POSTAL CODE | COUNTRY |
| | 11e. TYPE OF OR | IGANIZATION | 11f. JUR | SDICTION OF ORG | ANIZATION | 11g. OR | GANIZATIONAL ID#, I | fany |
| DEBTOR | · | | | | | <u> </u> | | NON |
| ADDITIONAL SECURED PARTY'S 12a. ORGANIZATION'S NAME | or Ass | IGNOR S/P's N | AME - ins | ert only <u>one</u> name | (12a or 12b) | | | |
| 125 INDIVIDITALIS LAST NAME | | | LEIDOVA | | | | | |
| 125. MOIVIDOAL & LAST NAME | | | FIRSTN | 4ME | | MIDDLE | NAME | SUFFIX |
| MAILING ADDRESS | | | CITY | | | STATE | POSTAL CODE | COUNTRY |
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| | L. | | SIMI | ARLY, NOTE | ING IN THIS F | INANCI | NG | |
| Description of real estate: | | | STA | TEMENT SHA ITS OF SECL | LL BE CONSTI JRED PARTY A | RUED T | O ALTER ANY | OF THE |
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| fame and address of a RECORD OWNER of about (if Debtor does not have a record interest): | ve-described real | estate | | | E学 進長 | \$96£ | 05 BK22 | 96 P6463 |
| | | | 17. Check | only if applicable a | nd check <u>only</u> one box. | - | | |
| | | | Deblor is | Trust or | rustee acting with resp | ect to prope | erty held in trust or | Decedent's Estate |
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| | | | 18. Check | <u> </u> | nd check only one box. | | | |
| | | | Deble | only if applicable a | | **= | · | |
| | BO. ORGANIZATION'S NAME BOYER-WASHINGTON BOULEVARD A 9b. INDIVIDUAL'S LAST NAME MISCELLANEOUS 42077-40-1 7190 IWELLSFARGO3 43OU 7572/1343OU/FLLSRVC 9 with: Weber, UT ADDITIONAL DEBTOR'S EXACT FULL I 119. ORGANIZATION'S NAME 11b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID#: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 12a. ORGANIZATION'S NAME 12b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TOIS FINANCING STATEMENT COVERS TIME Coltateral or is filled as a fixture filling. Description of real estate: | BOYER-WASHINGTON BOULEVARD ASSOCIATES N 9b. INDIVIDUAL'S LAST NAME MISCELLANEOUS 42077-40-1 7190 IWELLSFARGO3 43OU 7572/1343OU/FLLSRVC 9 with: Weber, UT ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME 11b. INDIVIDUAL'S LAST NAME 11b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID#: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR DEBTOR ORGANIZATION ORGANIZATION DEBTOR DEBTOR ORGANIZATION DEBTOR ORGANIZATION ORGANIZATION DESCRIPTIONAL SECURED PARTY'S OF ASS 12a. ORGANIZATION'S NAME 12b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TRIS FINANCING STATEMENT covers Itimber to be cut or Coltateral or is filled as a Ifixture filling. Description of real estate: | 99. ORGANIZATION'S NAME BOYER-WASHINGTON BOULEVARD ASSOCIATES NO. 2, LTD., a Utility of the provided real estate BOYER-WASHINGTON BOULEVARD ASSOCIATES NO. 2, LTD., a Utility of the provided real estate BOYER-WASHINGTON BOULEVARD ASSOCIATES NO. 2, LTD., a Utility of the provided real estate FIRST NAME FIRST NAME FIRST NAME MISCELLANEOUS 42077-40-1 7190 IWELLSFARGO3 43OU 7572/1343OU/FLLSRVC 9 with: Weber, UT ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of the provided real estate MAILING ADDRESS TAX IDM: SSN OR EIN | BOYER-WASHINGTON BOULEVARD ASSOCIATES NO. 2, LTD., a Utah limited 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDI MISCELLANEOUS 42077-40-1 7190 WELLSFARGO3 430U 7572/13430U/FLLSRVC 9 with: Weber, UT ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one name (11s 11s ORGANIZATION'S NAME FIRST N. MAILING ADDRESS CITY C | 99. ORGANIZATION'S NAME SOYER-WASHINGTON BOULEVARD ASSOCIATES NO. 2, LTD., a Utah limited partnership 9b. INDIVIDUAL'S LAST NAME MISCELLANEOUS 42077-40-1 7190 IWELLSFARGO3 430U 7572/13430U/FLLSRVC 9 with: Weber, UT ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S LAST NAME FIRST NAME MAILING ADDRESS CITY TAX IDM. SSN OR EIN ORGANIZATION DEBTOR ORGANIZATION DEBTOR'S PARTY'S Or ASSIGNOR S/P's NAME - insert only one name 12a. ORGANIZATION'S NAME 12b. INDIVIDUAL'S LAST NAME FIRST NAME 12c. ORGANIZATION'S NAME Tax IDM. SSN OR EIN ORGANIZATION DEBTOR ADDITIONAL SECURED PARTY'S Or ASSIGNOR S/P's NAME - insert only one name 12b. INDIVIDUAL'S LAST NAME FIRST NAME 12c. INDIVIDUAL'S LAST NAME Timber to be cut or as-extracted SIMILARLY, NOTT STATEMENT SHA RIGHT'S OF SECU TRUST OR THE P CREATED THERE DECLARED TO | SO, CREATIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME, SUFFIX | SO, DRGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME, SUFFIX | SS. ORANIZATIONS NAME SPOTER-WASHINGTON BOULEVARD ASSOCIATES NO. 2, LTD., a Ulah limited partnership SS. NDWIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX MIDDLE NAME, SUFFIX MIDDLE NAME, SUFFIX MIDDLE NAME, SUFFIX MIDDLE NAME, SUFFIX MIDDLE NAME, SUFFIX MIDDLE NAME, SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE THE ABOVE SPACE IS FOR FILING OFFICE USE THE ABOVE SPACE IS FOR FILING OFFICE USE ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only gag name (11s or 11b) - do not abbreviate or combine names 11b. INDIVIDUAL'S LAST NAME MIDDLE NAME MILING ADDRESS CITY THE ABOVE SPACE IS FOR FILING OFFICE USE TAX IDJ. SSN OR EIN ADDLE NAME MIDDLE NAME MIDDLE NAME TAX IDJ. SSN OR EIN ADDLE NAME ADDLING OR EIN ORGANIZATION OF ORGANIZATION DEBTOR ADDLITIONAL SECURED PARTY'S 97 ASSIGNOR SIP'S NAME - Insert only gag name (12a or 12b) TAX IDJ. SSN OR STATEMENT COVERS THE POSTAL CODE TAX IDJ. SSN OR STATEMENT COVERS THE POSTAL CODE THIS FINANCING STATEMENT COVERS THE POSTAL CODE THIS FINANCING STATEMENT COVERS THE POSTAL CODE STATEMENT SHALL BE CONSTRUED TO ALTER ANY RIGHTS OF THE SECURED PARTY CORDENTY OF |

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| NAME OF FIRST DEBTOR (1a or 1 | b) ON RELATED FINANCING ST | TATEMENT | | | |
|--|--|--|---|---------------------------------|-----------------------|
| 9a, ORGANIZATION'S NAME BOYER-WASHINGTON BOULEV | · | | | | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | | | |
| 0. MISCELLANEOUS | ······································ | | | | |
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| lie with: Weber, UT | , | | | | |
| ADDITIONAL DEPTODIC EVACE | -10.1 FOAT NAME 1 | | THE ABOVE SPACE IS F | | ONLY |
| 1. ADDITIONAL DEBTOR'S EXACT 11a. ORGANIZATION'S NAME | -ULL LEGAL NAME - Insert only | one name (11a or 11b) - do not a | abbreviate or combine nam | es | |
| | | | | | |
| 11b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDL | E NAME | SUFFIX |
| c. MAILING ADDRESS | · · · · · · · · · · · · · · · · · · · | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | | |
| d. TAX ID#: SSN OR EIN ADD'L INFO ORGANIZA | | N 11f. JURISDICTION OF ORG. | ANIZATION 11g. C | ORGANIZATIONAL ID #, II | |
| DEBTOR | | | | | NONE |
| ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME | RTY'S or ASSIGNOR S/F | 's NAME - insert only one name | (12a or 12b) | | |
| 12b. INDIVIDUAL'S LAST NAME | | FIRST NAME | Liebs | | 1 81/ |
| , ILD. WEST BOAL O DAG! HAVE | | FIRST NAME | MIDDL | E NAME | SUFFIX |
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| . This FINANCING STATEMENT covers | limber to be cut or as-extrac | cted 16. Additional collateral description | iplion: | | |
| collateral or is filed as a fixture fill | ng. | BE FOR THE PRO | TECTION OF SECUI IY COURT SHALL AT | RED PARTY | D THAT |
| . Description of real estate: | | NOTICE OF SECU | RED PARTY'S PRIO | RITY OF INTERE | EST IN ANY |
| | | MUST, IN ORDER | TERESTS DESCRIB TO BE EFFECTIVE A | ED IN THE DEEL AGAINST A PAR | D OF TRUST TICULAR |
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| Name and address of a RECORD OWNER | R of above-described real estate | | E# 1896 | 605 BK22' | 96 PG463 |
| (If Debtor does not have a record interes | | | | | |
| | | 17. Check only if applicable ar | d check <u>only</u> one box. | | |
| | | | rustee acting with respect to pro | pperty held in trust or | Decedent's Estate |
| | | 18. Check only if applicable ar | d check <u>only</u> one box. | | |
| | | Debtor is a TRANSMITTIN | | | |
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| | finding and packt | CAREFULLY | | | | | | |
|---|---|------------------|----------------------------|---|---|---------|---------------------|-----------|
| 9. NAME OF FIRST DEBTO 9a. ORGANIZATION'S NAM BOYER-WASHINGTON | OR (1a or 1b) ON ME | RELATED F | INANCING STATE | | | | | |
| 9b. INDIVIDUAL'S LAST NA | | FIRST NAME | | MIDDLE NAME, SUFFIX | | ٠ | | |
| 0. MISCELLANEOUS | | <u> </u> | | | | | | |
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| file with: Weber, UT | | | | | | | | |
| | | | | | | | R FILING OFFICE USE | ONLY |
| 11a. ORGANIZATION'S N | S EXACT FULL L | EGAL NAME | - insert only <u>one</u> n | ате (11a or 11b) - do поt | abbreviate or combin | пе пате | | |
| 11b. INDIVIDUAL'S LAST | NAME | | | FIRST NAME | <u> </u> | MIDDLE | NAME | SUFFIX |
| | | | | | | | | |
| 1c. MAILING ADDRESS | | | | CITY | | STATE | POSTAL CODE | COUNTRY |
| 1d. TAX ID#: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | lie. TYPE OF | ORGANIZATION | 11f. JURISDICTION OF ORG | ANIZATION _ | 11g. OR | GANIZATIONAL ID#, i | fany NONE |
| 2. ADDITIONAL SEC | URED PARTY'S | or As | SIGNOR S/P's NA | ME - insert only <u>one</u> name | (12a or 12b) | 1 | | |
| 12a. ORGANIZATION'S NA | | <u> </u> | S.S. O. O. B. N. | - moore only one name | 112001 120) | | | |
| R AND INDUSTRIALIST AND THE | | | | | | | | |
| 126. INDIVIDUAL'S LAST I | VAME | | | FIRST NAME | | MIDDLE | NAME | SUFFIX |
| 2c. MAILING ADDRESS | | | | CITY | | STATE | POSTAL CODE | COUNTRY |
| 3. This FINANCING STATEME! collateral or is filed as a 4. Description of real estate: | IT covers Umb | per to be cut or | as-extracted | 16. Additional collateral desc CLASS OF PERSO FEDERAL GOVER THE FEDERAL GO | ONS, INCLUDIN RNMENT AND A OVERNMENT, B | BE FILE | D IN THE COM | TO THE |
| 4. Description of rear estate. | | | İ | CÓDE RECORDS 1 LOAN NO. 1343 | BOYER WASH | INGTC | ON BOULEVARI | IMERCIAL |

Prepared by UCC-Direct Services, Inc., P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-3282

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| FOLLOW INSTRUCTIONS (front and bac | | | | | | |
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| 9. NAME OF FIRST DEBTOR (1a or 1b) C 9a. ORGANIZATION'S NAME | | | | | | |
| BOYER-WASHINGTON BOULEVARE | | ah limited partnership | | | | |
| 95. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | | | | |
| 10. MISCELLANEOUS | | | | | | |
| 5642077-40-1 | | | | | | |
| 507190 IWELLSFARGO3 | | | | | | |
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| File with: Weber, UT | | | | | | |
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| 11. ADDITIONAL DEBTOR'S EXACT FUL | L LEGAL NAME - insert only one | name (11a or 11b) - do not | abbreviate or combin | e names | S S | JALI |
| 11a. ORGANIZATION'S NAME | | | | | | <u></u> |
| 11b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE | NAME - | Laureni |
| İ | | , , , , , , , , , , , , , , , , , , , | | MIDDLE | MAINE | SUFFIX |
| 1c. MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY |
| 1d. TAX ID#: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR | | 11f. JURISDICTION OF ORG | ANIZATION | 11g. OR | GANIZATIONAL ID #, If a | iny No |
| 2. ADDITIONAL SECURED PARTY: | S OF ASSIGNOR SIDE N | ANATT : | 440 4011 | | | |
| 128. ORGANIZATION'S NAME | BE LI ASSIGNOR S/P'S N | AME - insert only <u>one</u> name | (12a or 12b) | | · | |
| R - N | | | | | | |
| 12b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE | NAME | SUFFIX |
| 2c, MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY |
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| 3. This FINANCING STATEMENT covers II | mber to be cut or as-extracted | 16. Additional collateral descri | folion: | | | |
| collateral or is filed as a fixture filing. | . 🗀 | 1523-0-6-ZLATTA | • | | | |
| f. Description of real estate: | | SCHEDULE 1 TO I | INIFORM COM | MERCI | ILE 1 TO EXHIBI AL CODE | IT IT A TO |
| | | STATE OF UTAH I ("UCC")-FINANCIN STATEMENT"), NA | IG STATEMENT | VASHI | INGTON BOULE | ICING VARD |
| | | ("UCC")-FINANCIN | IG STATEMENT | -FORN WASHI | NGTON BOULE | ICING VARD |
| | | ("UCC")-FINANCIN | IG STATEMENT | -FORN WASHI | NGTON BOULE | ICING VARD |
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| . Name and address of a RECORD OWNER of a | bove-described real estate | ("UCC")-FINANCIN | G STATEMENT MING BOYER-\ | VASHI | DS BK229 | VARD |
| | bove-described real estate | ("UCC")-FINANCIN | G STATEMENT MING BOYER-\ | VASHI | NGTON BOULE | VARD |
| . Name and address of a RECORD OWNER of a | bove-described real estate | STATE OF UTAH ("UCC")-FINANCIN STATEMENT"), NA | E 18 | P&6 | .05 BK229 | VARD |
| . Name and address of a RECORD OWNER of a | bove-described real estate | STATE OF UTAH ("UCC")-FINANCIN STATEMENT"), NA | E 18: | P&6 | .05 BK229 | VARD |
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| | LLOW INSTRUCTIONS (front and | | | | | | | | | |
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| 9. | NAME OF FIRST DEBTOR (1a or 9a, ORGANIZATION'S NAME BOYER-WASHINGTON BOULE | | | | | | | | | |
| OR | 9b. INDIVIDUAL'S LAST NAME | | FIRST I | | | MIDDLE NAME, SUFFIX | | | | |
| 10. | MISCELLANEOUS | 1 | | | | <u></u> | 1 | | | |
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| 4 | 7572/1343OU/FLLSRVC | | | | | | | | | |
| File | ∍ with: Weber, UT | | | | | | | | | |
| 11. | ADDITIONAL DEBTOR'S EXACT | FIII LE | GÁÍ N | IAME - Inso | ort only one ne | ma (11a or 11b) - do not | nhbrovista ar namb | ACE IS FO | R FILING OFFICE US | EONLY |
| | 11a. ORGANIZATION'S NAME | | | | | (114 or 115) - do (ipt | abbreviate of comb | ine name | | |
| OR | 11b. INDIVIDUAL'S LAST NAME | | | | | | | | | |
| | 116. INDIVIDUAL'S LAST NAME | | | | | FIRST NAME | | MIDDLE | NAME | SUFFIX |
| 11c | MAILING ADDRESS | | | | | CITY | | STATE | POSTAL CODE | COUNTRY |
| 11d | TAX ID#: SSN OR EIN ADD'L INF ORGANIZ DEBTOR | O RE 116 | e. TYPE | OF ORGAN | IZATION | 11f. JURISDICTION OF ORG | ANIZATION | 11g. OR | GANIZATIONAL ID#, | f any |
| | DEBTOR | | | | | | | <u>.l</u> | | иои |
| 12. | ADDITIONAL SECURED PA | RTY'S o | <u> </u> | 400001 | | AP Second and second | | | | |
| | IZE. ORGANIZATION'S NAME | | | _ ASSIGNO | DR S/P's NAM | ME - insert only <u>one</u> name | (12a or 12b) | - | | · |
|)R | | | | J ASSIGNO | | | (12a or 12b) | | | |
| R | 12b. INDIVIDUAL'S LAST NAME | | | | | FIRST NAME | 9 (12a or 12b) | MIDDLE | NAME | SUFFIX |
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| | 126. INDIVIDUAL'S LAST NAME | timber | r to be c | | 1 | FIRST NAME | | _ | | |
| 2c. | 125. INDIVIDUAL'S LAST NAME MAILING ADDRESS | | r to be c | | 1 | FIRST NAME | ofplion: . 2, LTD., A UT. /ELLS FARGO ARTY", DATED CRIPTION. THE | STATE AH LIMI BANK, AS OF | TED PARTNEF NATIONAL AS OCTOBER 17, PROPERTY RE | COUNTRY |
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| FINANCING STATEMENT ADDE FOLLOW INSTRUCTIONS (front and back) CAREFULLY | | | | | |
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| 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FIN 9a. ORGANIZATION'S NAME BOYER-WASHINGTON BOULEVARD ASSOCIATES N | | - | - | | |
| OR 95. INDIVIDUAL'S LAST NAME FIRST NAME | MIDDLE NAME, | <u> </u> | | | |
| 10. MISCELLANEOUS | | | | | |
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| File with: Weber, UT | | | | | |
| · · | | THE ABO | VE SPACE IS FO | R FILING OFFICE USI | E ONLY |
| 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - 11a. ORGANIZATION'S NAME | insert only <u>one</u> name (11a or 11b) - | do not abbreviate or o | combine name | s | 0 |
| 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | | MIDDLE | NAME | SUFFIX |
| 11c. MAILING ADDRESS | CĤY | | FTATE | DOCTAL COSE | |
| | | | | POSTAL CODE | COUNTRY |
| 11d. TAX ID#: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR | GANIZATION 11f. JURISDICTION | OF ORGANIZATION | 11g. OR | GANIZATIONAL ID #, I | fany No |
| 2. ADDITIONAL SECURED PARTY'S OF ASSI | GNOR S/P's NAME - insert only or | <u>ie</u> name (12a or 12b) | · | 2 | |
| 12a, ORGANIZATION'S NAME | | | | | |
| R 125. INDIVIDUAL'S LAST NAME | FIRST NAME | <u> </u> | MIDDLE | NAME | SUFFIX |
| 2c. MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY |
| 3. This FINANCING STATEMENT covers limber to be cut or | as-extracted 16. Additional collab | | | | |
| collateral or is filed as a fixture filing. 4. Description of real estate: | STATEMEN' UTAH AND I 301, 501, 50 CENTRE CC IN THE REC | TIS LOCATED IN S DESCRIBED A 2 AND 601 CONT NO OMNIUM PRORD OF SURVEY 3 - 0002,000 | S FOLLOW TAINED WIT OJECT, AS | THIN THE OGD THE SAME IS | 102, 201, EN CITY IDENTIFIED |
| | · | | e e e | | |
| Name and address of a RECORD OWNER of above-described real s (If Debtor does not have a record interest): | | | | O5 8K229 | 76 PG46 |
| | Debtor is aTrust of Trust e and check <u>only</u> one or Trustee acting with cable and check <u>only</u> one SMITTING UTILITY in with a Manufactured-Hon with a Public-Finance Tr | respect to prope box. me Transaction - | - effective 30 years | Decedent's Estat |
| ING OFFICE COPY - NATIONAL UCC FINANCING STATEM | MENT ADDENDUM (FORM UCC1A | d) (REV. 07/29/98) | | Prepared by UCC-Direct (Glendale, CA 91209-907 | Services, Inc., P.O. P |

| FINANCING STATEN FOLLOW INSTRUCTIONS (front an | d back) CAREFULLY | | | | | |
|--|---|---|---|---|---------------------------|--|
| 19a. ORGANIZATION'S NAME | 1b) ON RELATED FINANCING STAT VARD ASSOCIATES NO. 2, LTD., a U | | | | - | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | | | | |
| 10. MISCELLANEOUS | | | | | | |
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| 7572/1343OU/FLLSRVC | | | | | | |
| File with: Weber, UT | | | THE ABOVE SPAC | E IS FOR FILING OFFICE USE | ONLY | |
| 1. ADDITIONAL DEBTOR'S EXACT | FULL LEGAL NAME - insert only one | name (11a or 11b) - do not a | bbreviale or combine | names | | |
| TIS. ORGANIZATION'S NAME | | | | | <u> </u> | |
| 11b. INDIVIDUAL'S LAST NAME | | FIRST NAME | - In | MIDDLE NAME | SUFFIX | |
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| 1c. MAILING ADDRESS | | CITY | s | TATE POSTAL CODE | COUNTRY | |
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| ORGANIZ DEBTOR | ATION | | | NONE | | |
| ADDITIONAL SECURED PA | RTY'S or ASSIGNOR S/P's N | IAME - insert only one name | (12a or 12b) | ······································ | | |
| 12a. ORGANIZATION'S NAME | | a sing a placet only one traine | (128 01 120) | · | <u>+</u> | |
| 12b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | | | |
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| collateral or is filed as a fixture filing. | | MAP RECORDED IN WEBER COUNTY, UTAH, AS ENTRY NO. 1206747 (AS SAID RECORD OF | | | | |
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| . Description of real estate: | | COUNTY, UTAH, A | 'HAVE HERETO | FORE BEEN AMENE | ED OR | |
| . Description of real estate: | | COUNTY, UTAH, A | Y HAVE HERETO AND IN THE DEC TY CENTRE CO | FORE BEEN AMEND CLARATION OF CON NDOMINIUM PROJE | DED OR IDOMINIUM CT | |
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| 9. NAME OF FIRST DEBTOR (1a or 9a, ORGANIZATION'S NAME | | | | | | | |
|--|----------------------------------|--|--|-----------------------------|-------------------------------------|--|--|
| BOYER-WASHINGTON BOULEY | /ARD ASSOCIATES NO. 2, LTD., a | Utah limited partnership | | | | | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | | | | | |
| 10. MISCELLANEOUS | | | | | | | |
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| no viai. VVeber, O1 | | 1 . | THE ABOVE OR LOS IN W | | | | |
| 1. ADDITIONAL DEBTOR'S EXACT | FULL LEGAL NAME - insert only or | e name (11a or 11b) - do not abbre | THE ABOVE SPACE IS For | OR FILING OFFICE USI | EONLY | | |
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| 11b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | | | | |
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| td. TAX ID#: SSN OR EIN ADD'L INFO | | 11f. JURISDICTION OF ORGANIZA | TION 11g. OF | _I RGANIZATIONAL ID #, I | fany | | |
| DEBTOR | | | ŀ | | NONE | | |
| ADDITIONAL SECURED PAR | RTY'S or ASSIGNOR S/P's | NAME - insert only one name (12a | or 12b) | | | | |
| 12a. ORGANIZATION'S NAME | | | 9(120) | | 10 5 1 1 | | |
| 12b. INDIVIDUAL'S LAST NAME | | I FIRST NAME | <u>.</u> | | | | |
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| collateral or is filed as a fixture film | ng. | AS ENTRY NO. 120674 | 9 | | | | |
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| NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FIN | VANCING STATEMENT | | | |
| 9a, ORGANIZATION'S NAME BOYER-WASHINGTON BOULEVARD ASSOCIATES N | NO. 2, LTD., a Utah limited partnership | | | |
| 9b. INDIVIDUAL'S LAST NAME FIRST NAME | MIDDLE NAME, SUFFIX | 1 | | |
| D. MISCELLANEOUS | | 1 | | |
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| I. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME | - insert only one name (11a or 11b) - do no | • | | |
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| 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDL | E NAME | SUFFIX |
| c. MAILING ADDRESS | СПҮ | STATE | POSTAL CODE | COUNTRY |
| d. TAX ID#: SSN OR EIN ADD'L INFO RE 11e. TYPE OF O ORGANIZATION DEBTOR | PRGANIZATION 111. JURISDICTION OF OR | GANIZATION 11g. O | RGANIZATIONAL ID #, If | any |
| | | | ···· | LJ NONE |
| 12a. ORGANIZATION'S NAME | SIGNOR S/P's NAME - insert only one nam | le (12a or 12b) | | |
| 12b. INDIVIDUAL'S LAST NAME | | 110561 | | |
| 126. INDIVIDUAC'S DAST NAME | FIRST NAME | MIDDLI | ENAME | SUFFIX |
| c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | |
| This FINANCING STATEMENT covers timber to be cut or collateral or is filed as a fixture filing. | as-extracted 16. Additional collateral des | | | • |
| . Description of real estate: | DESCRIBED IN 5 | EARTION, A SAID DECLARATION, A 083-0004, 01-083-000 ER WASHINGTON BO DU UCC1EXSC.UT M (| APN: 01-083-000 | 2, , NiD |
| | 01-083-0008 BOY | ER WASHINGTON BO | OULEVARD ASS | PAGE 2 |
| | EOAN NO. 1343C | O OCCIEXAC.OI W (| 07/01) 1523-0-6-2 | LATIA Lateral |
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| | | | | |
| Name and address of a RECORD OWNER of above-described rea (if Debtor does not have a record interest): | al estate | E# 1896 | 605 BK221 | 76 PG470 |
| | 17. Check only if applicable | | | 75 |
| | | Trustee acting with respect to pro | perly held in trust or | Decedent's Estate |
| | 18 Chack ask if an-" | | | |
| , | 18. Check only if applicable. Debtor is a TRANSMIT | | | |
| · | Debtor is a TRANSMITT | | n ⊶ effective 30 years | |