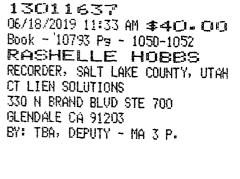
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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141 | |
|--|-----------------------------|
| B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolte | erskluwer.com |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | 46391 - All In Credit Union |
| Lien Solutions P.O. Box 29071 | 70384866 |
| Glendale, CA 91209-9071 | UTUT |
| 1 | FIXTURE |
| File with: Salt Lake, UT | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | EBTOR'S NAME: Provide only one Debtor name (1a or 1b) (u | - | | | |
|---------------------|---|---|-------------------------|-------------------------|---------|
| na | ame will not fit in line 1b, leave all of item 1 blank, check here | and provide the Individual Debtor information in item | 10 of the Financing Sta | atement Addendum (Form | UCC1Ad) |
| | I. ONGANIZATION STRAINE | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) | | | SUFFIX |
| | HUNT | ANDREW | | , , , , , | |
| 1c. l | MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 74 | 98 S SUNSET MAPLE DR | WEST JORDAN | UΤ | 84081 | USA |
| | EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (u | | | | |
| na | arne will not fit in line 2b, leave all of item 2 blank, check here | and provide the Individual Debtor information in item | 10 of the Financing Sta | tement Addendum (Form I | JCC1Ad) |
| | 2a. ORGANIZATION'S NAME | | | | |
| OR | | | | | Laverne |
| ٠., | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITION | NAL NAME(S)/INITIAL(S) | SUFFIX |
| | HUNT | MEGAN | | _ | |
| 2c. l | WAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 74 | 98 S SUNSET MAPLE DR | WEST JORDAN | UT | 84081 | USA |
| 3. S | ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSI | GNOR SECURED PARTY): Provide only one Secure | d Party name (3a or 3l | b) | |
| | 3a. ORGANIZATION'S NAME | | | | |
| | ALL IN CREDIT UNION | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIO | NAL NAME(S)INITIAL(S) | SUFFIX |
| | | | | | |
| 3c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| 238 VIRGINIA AVE | | DALEVILLE | AL | 36322 | USA |
| 4. C | OLLATERAL: This financing statement covers the following collab | leral: | | | - |

| 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/Buye | er Bailee/Bailor Licensee/Licensor |
| A OPTIONAL FILED REFERENCE DATA. | |

SOLAR PANELS

ANDREW HUNT 70384866

400053355

UCC FINANCING STATEMENT ADDENDUM

| FOLLOW INSTRUCTIONS | | • | | |
|--|-----------------------------|-------------------------------|---|-----------------------|
| 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 | | |
| | _ | | | |
| | | 1 | | |
| OR 9b. INDIVIDUAL'S SURNAME | | l | | |
| HUNT | | | | |
| FIRST PERSONAL NAME | | 1 | | |
| ANDREW | | | | |
| ADDITIONAL NAME(SYINITIAL(S) | SUFFIX | | | |
| 40 DEPTORIC MANE Provide (40 or 40h) or house of the or Debtors | - Dahara Abaa did A EA i- | | CE IS FOR FILING OF | |
| 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name do not omit, modify, or abbreviate any part of the Debtor's name) and enter the | | line 10 of 20 of the Financin | g Statement (Form OCC1) (| use exact, full name; |
| 10a. ORGANIZATION'S NAME | <u> </u> | | | |
| OR COLUMN TO SURDIANT | | - | | |
| 10b. INDIVIDUAL'S SURNAME | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | · | | | |
| | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) | | | | SUFFIX |
| 10c. MAILING ADDRESS | CITY | I STAT | E TPOSTAL CODE | COUNTRY |
| Ide. IIIALING ADDICES | | | 2 | |
| 11. ADDITIONAL SECURED PARTY'S NAME OF ASSIGN | NOR SECURED PARTY'S | NAME: Provide only one r | ame (11a or 11b) | |
| 11a. ORGANIZATION'S NAME | | | | |
| OR 11b, INDIVIDUAL'S SURNAME | T SIDET DEDCOMAL MAME | TADD | TIONAL NAME(S)INITIAL(S) | SUFFIX |
| 110. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDI | HONAL NAME(SYMITIAL(S) | SUFFIX |
| 11c. MAILING ADDRESS | CITY | STAT | E POSTAL CODE | COUNTRY |
| | | | | |
| 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): | - | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 13. This FINANCING STATEMENT is to be filed (for record) (or recorded) in | the 14. This FINANCING STAT | EMENT: | | |
| REAL ESTATE RECORDS (if applicable) | covers timber to be | | ed collateral X is filed a | as a fixture filing |
| 15. Name and address of a RECORD OWNER of real estate described in item 1 | | e: | | |
| (if Debtor does not have a record interest): | Parcel ID: | | | |
| | 20-27-408-026 | 5-0000 | | |
| | A DADOEL OF | | CO IN THE O | |
| | · · | FLAND LOCAT TY OF SALT L | | |
| | | 7498 S SUNS | | |
| | • | 84081-3376 CI | | • |
| | | W/HUNT MEG | | |
| | [See Exhibit for Re | | ,, ,, , , , , , , , , , , , , , , , , , | |
| 17. MISCELLANEOUS: 70384866-UT-35 46391 - All In Credit Union ALI | _ I LIN CREDIT UNION | File with: Salt Lake, UT | ANDREW HUNT 400053355 | |
| · · · · · · · · · · · · · · · · · · · | | | | |

Debtor: HUNT, ANDREW

Exhibit for Real Estate

16. Description of real estate:

Continued

ASSESSOR NUMBER OF 20-27-408-026-0000 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS LOT 632, MAPLES AT JORDAN HILLS PHASE 6. 8984-0572 9279-42149690-5502 9765-4596 AND DESCRIBED IN DOCUMENT NUMBER 10508-5138 DATED 11/29/2016 AND RECORDED 12/07/2016.