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)	8496 -
CT Lien Solutions P.O. Box 29071	46561166
Glendale, CA 91209-9071	UTUT
1	FIXTURE
File with: Davis, UT	·

E 2845499 B 6192 P 232-236
RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
01/28/2015 10:38 AM
FEE \$18.00 Pas: 5
DEP RT REC'D FOR CT LIEN SOLUTIONS

02-161-0009

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. ORGANIZATION'S NAME				
JLR Treats 1, LLC				
Tb. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
: MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
663 N. Marketplace Dr.	Centerville	UT	84014	USA
name will not fit in line 2b, leave all of item 2 blank, check 2a. ORGANIZATION'S NAME	here and provide the Individual Debtor information in item 1	10 of the Financing St	atement Addendum (Form	UCC1Ad)
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
26. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	STATE	POSTAL CODE	SUFFIX
25. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNE 3a. ORGANIZATION'S NAME	CITY EE of ASSIGNOR SECURED PARTY): Provide only one Secure	STATE	POSTAL CODE	COUNTRY
MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNE 3a. ORGANIZATION'S NAME Wells Fargo Bank, National Association	CITY EE of ASSIGNOR SECURED PARTY): Provide only one Secure	STATE d Party name (3a or 3	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNE 3a. ORGANIZATION'S NAME Wells Fargo Bank, National Association	CITY EE of ASSIGNOR SECURED PARTY): Provide only one Secured on the secure of the sec	STATE d Party name (3a or 3	POSTAL CODE	COUNTRY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's

All Inventory, Chattel Paper, Accounts, Equipment, General Intangibles and Fixtures; together with the following described property whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all proceeds relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other accounts proceeds).

This Financing Statement is to be recorded in the real estate records. Some or all of the collateral is located on the following described real estate:

5. Check only if applicable and check	only one box: Collateral is held in a Tr	rust (see UCC1Ad, item 17 a	nd 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	e and check only one box:
Public-Finance Transaction	Manufactured-Home Transaction	A Debtor is a Trans	smitting 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 DA 46561166	ATA: 2018987069				

2845499 BK 6192 PG 233

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS			_			
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line because Individual Debtor name did not fit, check here	e 1b was left blar	nk				
9a. ORGANIZATION'S NAME						
JLR Treats 1, LLC						
OR CO. INDIVIDUALS CURPLIANT						
9b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME						
ADDITIONAL NAME(SYINITIAL(S)	s	JFFIX				
			THE ABOVE	SPACE	IS FOR FILING OFFI	CE USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or D	Debtor name that	did not fit in l	ine 1b or 2b of the Fin	ancing St	atement (Form UCC1) (use	e exact, full name;
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mai	iling address in lir	ne 10c				<u> </u>
10a. ORGANIZATION'S NAME						
OR 10b. INDIVIDUAL'S SURNAME						
TUD. INDIVIDUAL 5 SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)						SUFFIX
10c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNO	R SECURED	PARTY'S N	IAME: Provide only	one name	e (11a or 11b)	
11a. ORGANIZATION'S NAME						
OR 445 INDIVIDUALIS CURNAME						
11b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME		ADDITION	NAL NAME(S)INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
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12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINAN	CING STATE	MENT.		-	
REAL ESTATE RECORDS (if applicable)	l —	timber to be		vtracted (collateral 🔀 is filed as	a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16	16. Description			AU BOICU I	Zonaterar Z 13 med d3	d lixidio liling
(if Debtor does not have a record interest):						
Deerwood Properties Utah c/o ACP Management 3720 S. Susan Street, Suite 100	Lot 9, CENTERVILLE MARKETPLACE SUBDIVISION, according to the official plat thereof recorded in the office of the Davis County Recorder.				the official	
Santa Ana, CA 92704	plat thereon	recorded i	ir the office of the	Davis	Dounty Recorder.	
					minerals, as provided	
					ode Annotated 1953 Legress for the purpo	
			ving the same.	css and	regress for the purpt)36 OI
			-			
	<u> </u>					
17. MISCELLANEOUS: 46561166-UT-11 8496 - WFB-SBA-PHOENIX-8496 Wells F	argo Bank, Nationa	Association	File with; Davis, UT	2018987	069	

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46561166			
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e exact, full name; do not omit, modify, or abb	reviate any part of the Debtor	's name); if any part of the	Individual Debto
and provide the Individual Debtor information in	n item 10 of the Financing Sta	tement Addendum (Form	UCC1Ad)
FIRST PERSONAL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
CITY	STATE	DOSTAL CODE	COUNTRY
	1		USA
Trippy or proposed a value	Lapprop	MA MANE (CARNITAL (C)	SUFFIX
FIRST PERSONAL NAME	AUDITIO	NAL NAME(SYNTTIAL(S)	SUPPIX
CITY	STATE	POSTAL CODE	COUNTRY
GNOR SECURED PARTY): Provide only one	Secured Party name (3a or 3	<u> </u>	<u>l</u>
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I super proposition in the same state of the sam	Langua		Louisin
FIRST PERSONAL NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
FIRST PERSONAL NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
	46561166 UTUT FIXTURE Se exact, full name; do not ornit, modify, or abband provide the Individual Debtor information in FIRST PERSONAL NAME CITY Centerville Se exact, full name; do not ornit, modify, or abband provide the Individual Debtor information in FIRST PERSONAL NAME CITY CITY	THE ABOVE SPACE IS FOR See exact, full name; do not omit, modify, or abbreviate any part of the Debtor and provide the Individual Debtor information in item 10 of the Financing State of the Example of the Individual Debtor information in item 10 of the Financing State of the Example of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor Information in item 10 of the Financing State of the Individual Debtor Information in item 10 of the Financing State of the Individual Debtor Information in item 10 of the Financing State of the Individual Debtor Information in item 10 of the Financing State of the Individual Debtor Information in Item 10 of the Financing State of the Individual Debtor Information In Item 10 of the Financing State of the Individual Debtor Information In Item 10 of the Financing State of the Individual Debtor Information In Item 10 of the Financing State of the Individual Debtor Information In Item 10 of the Financing State of the Individual Debtor Information In Item 10 of the Financing State of the Individual Debtor Information In Item 10 of the Financing State of the Individual Debtor Information In Item 10 of the Financing State of the Individual Debtor Information In Item 10 of the Financing State of the Individual Debtor Information In Item 10 of the Financing State of the Individual Debtor Information In Item 10 of the Individual Debtor Information In Item 10 of the Individual Debtor Information In Item 10 of Item 1	THE ABOVE SPACE IS FOR FILING OFFICE USEs exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form STATE POSTAL CODE UT STATE POSTAL CODE UT 84014 Se exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form Individual Debtor Information in item 10 of the Financing Statement Addendum (Form Individual Debtor Information in item 10 of the Financing Statement Addendum (Form Individual Debtor Information in item 10 of the Financing Statement Addendum (Form Individual Debtor Information In Item 10 of the Financing Statement Addendum (Form Individual Debtor Information In Item 10 of the Financing Statement Addendum (Form Individual Debtor Information In Item 10 of Individual Individua

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						
8. OPTIONAL FILER REFERENCE DATA:							
46561166 2018987069							

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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@v	volterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Addre	rss) 8496 -		1			
CT Lien Solutions	46561	166	:			
P.O. Box 29071 Glendale, CA 91209-9071	UTUT					
	FIXTU					
Eile with Devie 17	1 17(10		THE ABOV	E CDACE IC E	NO EN INC OFFICE III	ee on v
File with: Davis, UT 1. DEBTOR'S NAME: Provide only one Debtor name (1a	or 1b) (use exact, full n	name: do not omit.			s name): if any part of the	
name will not fit in line 1b, leave all of item 1 blank, check he					tement Addendum (Form	
1a. ORGANIZATION'S NAME JLR Treats 1, LLC						
OR 1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL	NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
663 N. Marketplace Dr. 2. DEBTOR'S NAME: Provide only one Debtor name (2a)	or 2h) (una ayant full c	Centerville	modify or abbroviate any	UT	84014	USA Debters
name will not fit in line 2b, leave all of item 2 blank, check he					tement Addendum (Form	
2a. ORGANIZATION'S NAME						
OR 2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL	NAME	LADDITIO	IAL NAME(S)/INITIAL(S)	SUFFIX
20. INDIVIDUAL O GONNANIL		FIRST FERSONAL	CHAWIE	ADDITION	IAL NAME(S)INTI IAL(S)	John
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE	of ASSIGNOR SECU	I RED PARTY): Pro	vide only one Secured Pa	arty name (3a or 3)	<u> </u>	
3a, ORGANIZATION'S NAME				, ,	· -	 ·
Wells Fargo Bank, National Association OR 3b. INDIVIDUAL'S SURNAME)	Tripor progona	1 1111	Laborio		Lougely
36. INDIVIDUALS SURNAME		FIRST PERSONA	LNAME	ADBITIO	NAL NAME(SYINITIAL(S)	SUFFIX
3c. MAILING ADDRESS		CITY	·	STATE	POSTAL CODE	COUNTRY
121 S. Market St., 7th Floor		San Jose		CA	95113	USA
4. COLLATERAL: This financing statement covers the follow All Inventory, Chattel Paper, Accounts, Equipmer foregoing is owned now or acquired later; all accounts relating to any of the foregoing; all proceeds This Financing Statement is to be recorded in the	nt, General Intangilessions, additions, relating to any of the	replacements the foregoing (, and substitutions re including insurance,	elating to any o general intang	f the foregoing; all relibles and other acco	cords of any unts proceeds).
·						
5. Check only if applicable and check only one box: Collatera	al is held in a Trust	(see UCC1Ad, ite	m 17 and Instructions)	being administer	ed by a Decedent's Pers	onal Representativ
6a. Check only if applicable and check only one box:					if applicable and check o	
Public-Finance Transaction Manufactured-	Home Transaction	A Debtor is	a Transmitting Utility			CC Filing

2018987069

8. OPTIONAL FILER REFERENCE DATA: 46561166 20

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UCC FINANCING STATEMENT ADDENDUM

FOL	LOW INSTRUCTIONS						
	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if lin	e 1b was left b	olank				
be	ecause Individual Debtor name did not fit, check here						
	9a. ORGANIZATION'S NAME						
	JLR Treats 1, LLC						
OB							
OR	9b. INDIVIDUAL'S SURNAME			-			
	FIRST PERSONAL NAME						
	·		1	i			
	ADDITIONAL NAME(SYINITIAL(S)		SUFFIX				
				THE ABOVE	SPACE	IS FOR FILING OFF	ICE USE ONLY
10. [DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or	Debtor name ti	hat did not fit in I	ine 1b or 2b of the Fir	ancing S	tatement (Form UCC1) (u	se exact, full name;
	o not omit, modify, or abbreviate any part of the Debtor's name) and enter the ma				J	, , , ,	
	10a. ORGANIZATION'S NAME						
				•			
OR	10b. INDIVIDUAL'S SURNAME			-			
	·						
	INDIVIDUAL'S FIRST PERSONAL NAME					 	
	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)			- "			SUFFIX
100	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
100		"			0.,		
11.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNO 11a. ORGANIZATION'S NAME	OR SECURE	DPARTY'S N	IAME: Provide only	one nam	e (11a or 11b)	
	TIA. ORGANIZATION 5 NAME						
OR		T					Laureny
	11b. INDIVIDUAL'S SURNAME	FIRST PERSO	ONAL NAME		ADDITIO	NAL NAME(S)INITIAL(S)	SUFFIX
_							
11c	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
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40.	V =	14 This FIN	ANCINC STATE	MENT			
13.	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	i —		_			
_	· · · · · ·		ers timber to be		extracted	collateral is filed as	a fixture filing
	Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Descripti	ion of real estate	e :			
	erwood Properties Utah c/o ACP Management	Lot 9, CENTERVILLE MARKETPLACE SUBDIVISION, according to the official					
	20 S. Susan Street, Suite 100	plat thereof recorded in the office of the Davis County Recorder.					
Sar	nta Ana, CA 92704					·	
						minerals, as provide	
						Code Annotated 195 d egress for the purp	
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17	MISCELLANEOUS: 46561166-UT-11 8496 - WFB-SBA-PHOENIX-8496 Wells	Famo Bank Nati	ional Association	File with: Davis, UT	201898	//IKQ	