

3033619 BK 6811 PG 165

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@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)
16815 - PRIME

CT Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071
UTUT
FIXTURE

File with: Davis, UT

E 3033619 B 6811 P 165-169
RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
07/20/2017 11:48 AM
FEE \$18.00 P9s: 5
DEP RT REC'D FOR LIEN SOLUTIONS

12-094-0001 V
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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	· · · · · · · · · · · · · · · · · · ·	or 1b) (use exact, full name; do not omit, modify, or abbreviate re and provide the Individual Debtor information in item 1								
ſ	1a. ORGANIZATION'S NAME									
	Tech-Steel, Inc.									
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX					
1c. N	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY					
Р	D. Box 160386	Clearfield	UT	84016	USA					
OR	Joist Deck Sales 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX					
2c N	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY					
	D. Box 160386	Clearfield	UT	84016	USA					
3. S	ECURED PARTY'S NAME (or NAME of ASSIGNEE	of ASSIGNOR SECURED PARTY): Provide only one Secured	d Party name (3a or 3t	o)						
	3a. ORGANIZATION'S NAME Prime Alliance Bank, Inc.									
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX					
3c. I	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY					
18	68 South 500 West	Woods Cross	UT	84087	USA					

4. COLLATERAL: This financing statement covers the following collateral:
(1) PRS 600 ROBOT PLASMA CUTTING SYSTEM, INCLUDING ALL PARTS, SUBSTITUTIONS AND REPLACEMENTS THEREOF, AND ALL ATTACHMENTS, ADDITIONS, ACCESSORIES AND ACCESSIONS THERTO, WHETHER NOW OR HEREAFTER ACQUIRED.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) b	eing 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/Buyer	Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 59856597 NK	25008277

3033619 BK 6811 PG 166

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS						
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing S because Individual Debtor name did not fit, check here	tatement; if line 1b was left	blank				
9a, ORGANIZATION'S NAME						
Tech-Steel, Inc.						
OR 9b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME						
ADDITIONAL NAME(SYINITIAL(S)		SUFFIX				
			THE ABOVE	SPACE	IS FOR FILING OFFIC	CE USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional D	ebtor name or Debtor name	that did not fit in li	ne 1b or 2b of the Fir	ancing S	tatement (Form UCC1) (use	e exact, full name;
do not omit, modify, or abbreviate any part of the Debtor's name) at						
10a. ORGANIZATION'S NAME						
,						
OR 10b. INDIVIDUAL'S SURNAME				<u> </u>		
INDIVIDUAL'S FIRST PERSONAL NAME					-	
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)						SUFFIX
10c. MAILING ADDRESS	СІТҮ			STATE	POSTAL CODE	COUNTRY
					<u> </u>	
11. ADDITIONAL SECURED PARTY'S NAME OF	ASSIGNOR SECURE	D PARTY'S N	AME: Provide only	one nam	e (11a or 11b)	
11a. ORGANIZATION'S NAME						
OR 445 INDIVIDUAL'S SUBNAME						
11b. INDIVIDUAL'S SURNAME	FIRST PERSO	ONAL NAME		ADDITIO	NAL NAME(S)!NITIAL(S)	SUFFIX
					Locatil coop	COLINITON
11c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
						<u> </u>
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
•						
					• • • • • • • • • • • • • • • • • • • •	
13. This FINANCING STATEMENT is to be filed [for record] (or record)	ecorded) in the 14. This FIN	IANCING STATE	MENT:			
REAL ESTATE RECORDS (if applicable)	Cov	ers timber to be o	cut Covers as-e	extracted	collateral 🛛 is filed as a	a fixture filing
15. Name and address of a RECORD OWNER of real estate describ	ped in item 16 16. Descript	tion of real estate	:			
(if Debtor does not have a record interest):						
D-2 Freeport Center LLC	All of	Lot 1. Ha	rt Freeport	Cent	er Commercial	
5288 South Commerce Dr STE B150					es. Parcel 126	
Murray, UT 84107	Subui	Vision. Co	JIII. J.9110	U ACI	63. Faicei 120	1340001
manay, or orror						
17. MISCELLANEOUS: 59856597-UT-11 16815 - PRIME ALLIANCE BA	NK Prime Alliance Bank, I	nc.	File with: Davis, UT	NK 25	008277	



UCC FINANCING STATEMENT

FO	LLOW INSTRUCTIONS					
A.	NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141					
В.	E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolte	erskluwer.com				
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)	16815 - PRIME				
	CT Lien Solutions	59856597				
	P.O. Box 29071 Glendale, CA 91209-9071	UTUT				
Ιı		FIXTURE I				
١	File with: Davis, UT		THE ABOVE SPACE	E IS FO	OR FILING OFFICE US	SE ONLY
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b ame will not fit in line 1b, leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME Tech-Steel, Inc.	_	modify, or abbreviate any part of the rinformation in item 10 of the Fina			
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
1c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
D	P.O. Box 160386			UT	84016	USA
	DEBTOR'S NAME: Provide only one Debtor name (2a or 2b	Clearfield) (use exact, full name; do not omit	modify or abbreviate any part of th			<u> </u>
n: OR	ame will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME Joist Deck Sales 2b. INDIVIDUAL'S SURNAME	and provide the Individual Debte	r information in item 10 of the Fina			
	28. INDIVIDUAL 3 SUNYAWIE	PIRST PERSONAL	. NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
2c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
<u>P.</u>	O. Box 160386	Clearfield		UT	84016	USA
	ECURED PARTY'S NAME (or NAME of ASSIGNEE of A 3a. ORGANIZATION'S NAME Prime Alliance Bank, Inc.	SSIGNOR SECURED PARTY): Pro	vide only one Secured Party name $arepsilon$	(3a or 3t))	
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	NAME	ADDITIO	NAL NAME(S)INITIAL(S)	SUFFIX
3с.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
18	368 South 500 West	Woods Cros	s	UT	84087	USA
(1)	OLLATERAL: This financing statement covers the following on PRS 600 ROBOT PLASMA CUTTING SYSTEM, TACHMENTS, ADDITIONS, ACCESSORIES AND ACCESSO	INCLUDING ALL PARTS, SU	UBSTITUTIONS AND REPL THETHER NOW OR HERE	ACEMI AFTER	ENTS THEREOF, AN ACQUIRED.	ID ALL

5. Check only if applicable and check only o	ne box: Collateral is held in	n a Trust (see UCC1Ad, item 17 a	nd Instructions)	being administered by a De	cedent's Personal Representative
6a. Check only if applicable and check only				6b. Check only if applicable	
Public-Finance Transaction	Manufactured-Home Transa	action A Debtor is a Trans	smitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applica	able): Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:		<u> </u>			
59856597 N	K			25008277	•

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolte	rskluwer.com				•	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	16815 - PRIM	IE .				
CT Lien Solutions P.O. Box 29071	59856	597				
Glendale, CA 91209-9071	UTUT FIXTU	IDE				
<u> </u>	FIXIU					
File with: Davis, UT					OR FILING OFFICE US	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b name will not fit in line 1b, leave all of item 1 blank, check here			dify, or abbreviate any part of t formation in item 10 of the Fina			
1a. ORGANIZATION'S NAME	and provide th	e individual Debior in	- Iornation in item 10 of the Fills	anding Sta	ttement Addendam (Form C	CC (Ad)
Tech-Steel, Inc.						
OR 1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NA	ME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
		1				
1c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
P.O. Box 160386		Clearfield		UT	84016	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME			dify, or abbreviate any part of t formation in item 10 of the Fin			
Joist Deck Sales						
OR 2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NA	ME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
P.O. Box 160386		Clearfield		UT	84016	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A	SSIGNOR SECUP	RED PARTY): Provide	only one Secured Party nam	e (3a or 3l)	
3a. ORGANIZATION'S NAME						
Prime Alliance Bank, Inc.						
OR 3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NA	ME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
1868 South 500 West		Woods Cross		UT	84087	USA
4. COLLATERAL: This financing statement covers the following of (1) PRS 600 ROBOT PLASMA CUTTING SYSTEM, I ATTACHMENTS, ADDITIONS, ACCESSORIES AND	NCLUDING A					ID ALL

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 Transact	on A Debtor is a Transr	mitting Utility	Agricultural Lien	Non-UCC Filing			
7. ALTERNATIVE DESIGNATION (if ap	oplicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Bailee/Bailor	Licensee/Licensor			
8. OPTIONAL FILER REFERENCE DATA:								
59856597	NK			25008277				

3033619 BK 6811 PG 169

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS						
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemen because Individual Debtor name did not fit, check here	t; if line 1b was left b	olank				
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OR 9b. INDIVIDUAL'S SURNAME						
96. INDIVIDUAL'S SURNAME						
`						
FIRST PERSONAL NAME						
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ADDITIONAL NAME(S)INITIAL(S)		SUFFIX				
			THE ABOVE	SPACE	IS FOR FILING OFFI	CE USE ONLY
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10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor na			line 10 or 20 of the Pi	nancing S	tatement (Form OCC1) (use	e exact, full harne,
do not omit, modify, or abbreviate any part of the Debtor's name) and enter t	ne mailing address i	n line 10¢				
10a. ORGANIZATION'S NAME						
OR						
OR 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
MONIBOAL O ABBITTOTAL TAMILLO JAMESTO (C)						
				1	T	0011117011
10c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
			_			
11. ADDITIONAL SECURED PARTY'S NAME OF ASS	IGNOR SECURE	D PARTY'S N	NAME: Provide only	one nam	e (11a or 11b)	
11a. ORGANIZATION'S NAME	, us s		······		····	
	•					
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7.15. INDIVIDENCE OF ONLY UND	1				(-,	
	0.504			07475	I BOOTH CODE	COUNTRY
11c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
		-		<u> </u>		
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
					•	
13. This FINANCING STATEMENT is to be filed [for record] (or recorded)	in the 14. This FIN	ANCING STATE	EMENT:		********	
REAL ESTATE RECORDS (if applicable)		ers timber to be	_	ovtracted	collateral X is filed as a	a fixtura filina
TO ALL THE STREET OF THE STREE				extracted	Collateral	a lixture lilling
15. Name and address of a RECORD OWNER of real estate described in ite (if Debtor does not have a record interest):	m 16 16. Descripti	ion of real estate	e:			
D-2 Freeport Center LLC	All of I	₋ot 1, Ha	irt Freeport	Cent	er Commercial	
5288 South Commerce Dr STE B150					es. Parcel 126	
Murray, UT 84107	Cubui	V131011. O	0111. 0.0770	0 / 101	CO. 1 G1001 120	0 10001
manay, or orror						
	- 1					
AT AND OTHER MEDICAL PROPERTY LT 14 ARREST DOLLAR ALL HANDS THE	Dalama Alliana a Danii 1		Etta salaha Passia 197	NIV OF	000277	
17. MISCELLANEOUS: 59856597-UT-11 16815 - PRIME ALLIANCE BANK	Prime Alliance Bank, Ir	ıc.	File with: Davis, UT	NK 25	0002//	