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UCC Direct S P.O. Box 290	ent to: (Name and services	A didense)	1573438 UTUT	31		BY: ZJ	M, DEPUTY - MA	7 P.
	L LEGAL NAME -		ake, UT				ILING OFFICE USE ONLY	
R		ATES, LLC		FIRST NAME		MIDDLE	NAME	SUFFIX
L : MAILING ADDRESS 11 E BROADWAY ST	E 1200	,		CITY SALT LAKE	CITY	STATE UT	POSTAL CODE 84111	COUNTRY
I. SEE INSTRUCTIONS	ORGANIZATION	1e. TYPE OF ORG	SANIZATION	1f. JURISDICTIO	ON OF ORGANIZATION UT	-	·	NONE
	S EXACT FULL LE	GAL NAME - ins	ert only o <u>ne</u> de	btor name (2a c	r 2b) - do not abbreviate o	or combine na	ames	**************************************
2b. INDIVIDUAL'S LAST	NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
, MAILING ADDRESS				CITY		STATE	POSTAL CODE	COUNTRY
. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR							NONE
3a. ORGANIZATION'S N	AME	OTAL ASSIGNE	E of ASSIGNOR	R S/P) - insert o	nly o <u>ne</u> secured party na	me (3a or 3b))	<u> </u>
3b. INDIVIDUAL'S LAST	NAME			FIRST NAME	***	MIDDLE	NAME	SUFFIX
MAILING ADDRESS O Box 8203				CITY Boise		STATE ID	POSTAL CODE 83707-2203	COUNTRY
he following personal	property of Gran	itor: (a				receivables	s), deposit accounts,	contract rights,
	DLLOW INSTRUCTION NAME & PHONE OF CONTENT Phone: (800) SEND ACKNOWLEDGEME UCC Direct S P.O. Box 290 Glendale, CA DEBTOR'S EXACT FUL 18. ORGANIZATION'S N THOMPSON MIC 1b. INDIVIDUAL'S LAST MAILING ADDRESS ADDITIONAL DEBTOR'S 25. ORGANIZATION'S N 25. INDIVIDUAL'S LAST MAILING ADDRESS SEE INSTRUCTIONS SECURED PARTY'S NAME OF COMMON SECURED PARTY SECURED	DLLOW INSTRUCTIONS (front and biname & PHONE OF CONTACT AT FILER (option Phone: (800) 331-3282 Fa SEND ACKNOWLEDGEMENT TO: (Name and Diname an	NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662- SEND ACKNOWLEDGEMENT TO: (Name and Address) UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071 File with: CC UT Salt L DEBTOR'S EXACT FULL LEGAL NAME - insert only one of the control	DLLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER (aptional) Phone: (800) 331-3282 Fax: (818) 662-4141 SEND ACKNOWLEDGEMENT TO: (Name and Address) UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071 File with: CC UT Salt Lake, UT DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (1a) 1a. ORGANIZATION'S NAME THOMPSON MICHIE ASSOCIATES, LLC 1b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 1 E BROADWAY STE 1200 SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert only one_de 2a. ORGANIZATION'S NAME MAILING ADDRESS SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert only one_de 2a. ORGANIZATION'S NAME MAILING ADDRESS SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR Wells Fargo Bank, N.A. 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS O BOX 8203 This FINANCING STATEMENT covers the following collateral: ne following personal property of Grantor: (a) all accounted 1 accounted 1 accounted 1 accounted 1 accounted 1 b. INDIVIDUAL'S LAST NAME 1 c. TYPE OF ORGANIZATION DEBTOR 3 c. TYPE OF ORGANIZATION ORGANIZAT	DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (1a or 1b) - do not all accounts (Induding Page 12a). Regional See Instructions ADDILINFO RE ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (2a organizations). See Instructions ADDILINFO RE ORGANIZATION S NAME ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (2a organizations). See Instructions ADDILINFO RE ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (1b) - do not all organizations). See Instructions ADDILINFO RE ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (2a organization). See Instructions ADDILINFO RE ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (2a organization). See Instructions ADDILINFO RE ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (2a organization). See Instructions ADDILINFO RE ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert organization Sea Organizations NAME MAILING ADDRESS CITY Secured PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert organization Sea Organization Shame Wells Fargo Bank, N.A. 3b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME MAILING ADDRESS CITY Boise MAILING ADDRESS CITY Boise	DLLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER (pollonal) Phone: (800) 331-3282 Fax: (818) 662-4141 SEND ACKNOWLEDGEMENT TO: (Name and Address) B417 WFB-BBG-BOISE-M UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071 Glendale, CA 91209-9071 DEBTOR'S EXACT FULL LEGAL NAME - insert only one_ debtor name (1a or 1b) - do not abbreviate or combine name (1a or 1b) - do not abbreviate or combine name (1a or 1b) - do not abbreviate or combine name (1a or 1b) - do not abbreviate or combine name (1b individual: SLAST NAME MAILING ADDRESS 11 E BROADWAY STE 1200 SELINSTRUCTIONS ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one_ debtor name (2a or 2b) - do not abbreviate or combine name (2a or 2b) - do not abbreviate or com	CC FINANCING STATEMENT DLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER (potional) PHONE (900) 331-3282 Fax: (818) 662-4141 SEND ACKNOWLEDGEMENT TO: (Name and Address) B417 WFB-BBG-BOISE-M UCC Direct Services 15734381 P.O. Box 29071 Glendale, CA 91209-9071 FIXTURE File with: CC UT Salit Lake, UT THE ABOVE SPACE IS FOR F DEBTORS EXACT FULL LEGAL, NAME - Insert only one, debtor name (1a or 1b) - do not abbreviate or combine names 1a, ORGANIZATION'S NAME THOMPSON MICHIE ASSOCIATES, LLC 1b, INDIVIDUAL'S LAST NAME MAILING ADDRESS ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one, debtor name (2a or 2b) - do not abbreviate or combine names 1a, ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert only one, debtor name (2a or 2b) - do not abbreviate or combine names 1a, ORGANIZATION NAME ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one, debtor name (2a or 2b) - do not abbreviate or combine names 2a, ORGANIZATION'S NAME MIDDLE MAILING ADDRESS CITY STATE ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one, debtor name (2a or 2b) - do not abbreviate or combine names 1a, ORGANIZATION'S NAME MIDDLE MAILING ADDRESS CITY STATE SECURED PARTY'S NAME (IN NAME) of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one, secured party name (3a or 3b or 3a, ORGANIZATION NAME Well'S Fargo Bank, N.A. 3b, INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE M	CC FINANCING STATEMENT CC FIN

5. ALTERNATIVE DESIGNATION [if applicable] SELLER/BUYER AG. LIEN LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR 6. X This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL.

ESTATE RECORDS. Atlach Addendum Iif applicable

8. OPTIONAL FILER REFERENCE DATA 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors lif applicable) IADDITIONAL FEEL 8878982778-26

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

Prepared by UCC Direct Services, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3262

Debtor 1

NON-UCC FILING

Debtor 2

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9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
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417 WFB-BBG-BOISE-M ile with: CC UT Salt Lake, UT	88789	982778-26				
					R FILING OFFICE USE	ONLY
1. ADDITIONAL DEBTOR'S EXACT FUL	L LEGAL NAME - insert only one na	ame (11a or 11b) - do not a	bbreviate or combine	names		
11a. ORGANIZATION'S NAME						
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
tc. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
d. <u>SEE INSTRUCTION</u> ADD'L INFO R ORGANIZATIC DEBTOR		11f. JURISDICTION OF ORG	SANIZATION	11g. OR	GANIZATIONAL ID #, if a	any .
ADDITIONAL SECURED PARTY 12a. ORGANIZATION'S NAME	/'S or ASSIGNOR S/P's NA	ME - insert only one name	e (12a or 12b)			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
ec. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
collateral or is filed as a X fixture filing. b. Description of real estate: collateral or is filed as a X fixture filing. c. Description: Real Property address 1200, Salt Lake City, UT 841 centre Investment Limited Partn 2th floor where the fixtures are 16061540100000 Legal description 15061540100000 Legal description 1506154010000000000000000000000000000000	ress: 111 East 300 South, 111. Owned by Broadway tership Limited only to the held. Parcel sription: BEG AT SW COR UR; N 188 FT; E 243 FT; S GETHER WITH 1/2 ON E. 4256-441,	16. Additional collateral desc promissory notes, payment intangible credit, and other ri time hereafter aris	investment prop es and software) ahts to payment	, letter	of credit rights, I	etters of
i. Name and address of a RECORD OWNER o (if Debtor does not have a record interest):		17. Check only if applicable a Debtor is a Trust or	Trustee acting with resp	ect to prop	erty held in trust or	Decedent's Estat
		Debtor is a Trust or 18. Check only if applicable a Debtor is a TRANSMITT	Trustee acting with respond check only one box.			Decedent's Estat
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NAME OF FIRST DEBTOR (1a or 1	1b) ON RELATED FINANCING STATEM	MENT				
9a. ORGANIZATION'S NAME		,				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
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le with: CC UT Salt Lake, UT	8878	3982778-26	THE ABOVE SPACE	E IS FOR	R FILING OFFICE USE	ONLY
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11b. INDIVIDUAL'S LAST NAME		FIRST NAME	[•	MIDDLE N	NAME	SUFFIX
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d. SEE INSTRUCTION ADD'L INF		11f. JURISDICTION OF ORG	ANIZATION 1	11g. ORG	SANIZATIONAL ID #, if	any
ORGANIZ DEBTOR						No
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12b, INDIVIDUAL'S LAST NAME		FIRST NAME	In	MIDDLE N	JAME	SUFFIX
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c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
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			//C\ T:4	Had Go	ods; and	/~\
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Description of real estate:						(g) all
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Description of real estate:		17. Check only if applicable a Debtor is a Trust or 18. Check only if applicable a	nd check <u>only</u> one box. Trustee acting with respect		orty held in trust or	
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NAME OF FIRST DEBTOR (12	a or 1b) ON RI	LATED FINANCING STATE	MENT				
9a, ORGANIZATION'S NAME							
9b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME, SUFFIX				
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ile with: CC UT Salt Lake,	UT	887	8982778-26	THE ABOVE SP	ACE IS FO	R FILING OFFICE USE	ONLY
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11b. INDIVIDUAL'S LAST NAME	E .		FIRST NAME	· · · · · · · · · · · · · · · · · · ·	MIDDLE	NAME	SUFFIX
ic. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
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ADDITIONAL SECURE	D PARTY'S	or ASSIGNOR S/P's N	IAME - insert only one name	e (12a or 12b)			
12a. ORGANIZATION'S NAME							
126. INDIVIDUAL'S LAST NAME	E		FIRST NAME		MIDDLE	NAME	SUFFIX
12b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	POSTAL CODE	SUFFIX
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12b. INDIVIDUAL'S LAST NAME C. MAILING ADDRESS D. This FINANCING STATEMENT co	overs timb	er to be cut or as-extracted	16. Additional collateral desc property (including assets), heretofore Bank or otherwise	g securities and e, now or hereal coming into the	STATE financia fter deliver posses	POSTAL CODE al wered to or depossion, custody o	country posited with
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	ON RELATED FINANCING STATEN	MENT				
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e with: CC UT Salt Lake, UT	8878	982778-26	THE ABOVE SPAC	E IS FOR	FILING OFFICE USE	ONLY
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12b. INDIVIDUAL'S LAST NAME		FIRST NAME	N	MIDDLE NA	AME	SUFFIX
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Glendale, CA 91209-9071 Tel (800) 331-3282 BK 9644 PG 887

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		RELATE	D FINANCING STATEM	ENT				
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e with: CC UT Salt	Lake, UT		8878	982778-26	THE ABOVE SP	ACE IS FO	R FILING OFFICE USE	ONLY
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11b. INDIVIDUAL'S LAS	ST NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
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SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYP	E OF ORGANIZATION	11f. JURISDICTION OF ORGA	ANIZATION	11g. OR	 GANIZATIONAL ID #, if	fany No
T ADDITIONAL SI			ASSIGNOR SIDE AL	ANAE incort columns name	(120 or 12h)	<u> </u>		
12a. ORGANIZATION'S	CURED PARTY'S NAME	<u>or </u>	_ ASSIGNOR SIFS IN	AME - insert only one name	(128 01 120)			
405 INDN//DIAN IS LAS	T MARIE			LEIDEZ NAME		(MIDDLE	MANAE	Lencely
12b. INDIVIDUAL'S LAS	BT NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
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FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEM	MENT			
9a. ORGANIZATION'S NAME				
OR 95. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX			
•				
10. MISCELLANEOUS				
15734381-UT-35				
8417 WFB-BBG-BOISE-M				
File with: CC UT Salt Lake, UT 8878	982778-26	THE ABOVE SPACE IS	FOR FILING OFFICE US	SE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 11a. ORGANIZATION'S NAME	name (11a or 11b) - do not a	abbreviate or combine nam	es	
11b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME SUFFIX	
11c. MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY
11d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR	11f. JURISDICTION OF ORG	GANIZATION 11g.	11g. ORGANIZATIONAL ID #, if any	
	ANG 2	(40		
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P's N 12a. ORGANIZATION'S NAME	AME - insert only <u>one</u> name	(12a or 12b)		+
12b. (NDIVIDUAL'S LAST NAME	FIRST NAME	MID	DLE NAME	SUFFIX
12c. MAILING ADDRESS	CITY	STA	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers timber to be cut or as-extracted	16. Additional collateral desi	erintion:		
collateral or is filed as a fixture filing. 14. Description of real estate:	relating to any of t		l intangibles and	accounts
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 <u>only</u> 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 a			
	Debtor is a TRANSMITT	'ING UTILITY a Manufactured-Home Transa	ction effective 30 vesre	
	l님	a Public-Finance Transaction		
FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT ADDEN			Prepared by UCC-Dia	rect Services, Inc., P.O. Box -9071 Tel (800) 331-3282