Entry #: 549256

07/12/2021 10:49 AM UNIFORM COMMERCIAL CODE

Page: 1 of 2
FEE: \$40.00 BY: C S C
Jerry Houghton, Tooele County, Recorder

UCC FINANCING STATEMENT								
FOLLOW INSTRUCTIONS								
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294		-						
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com								
C. SEND ACKNOWLEDGMENT TO: (Name and Address	ss)							
2140 03710	,	コ						
CSC 801 Adlai Stevenson Drive		•						
Springfield, IL 62703	=	iled In: Utah						
	,	(Tooele)		THE ABOVE SP	ACE IS EO	P EII ING O	EEICE IISE (ONI V
DEBTOR'S NAME: Provide only one Debtor name (1a or	<u> </u>		modify, or a	bbreviate any part o	of the Debtor	's name); if ar	y part of the In	dividual Debtor's
name will not fit in line 1b, leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME	and provid	e the Individual Debt	or informatio	in in item 10 of the i	-inancing St	atement Adde	ndum (Form UC	C1Ad)
OR								
16. INDIVIDUAL'S SURNAME Reimann		FIRST PERSONA	AL NAME		ADDITIO	NAL NAME(S)	/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 1322 Haylie Lane		CITY			STATE	POSTAL CO	DDE	COUNTRY
		Tooele			UT	84074		USA
 DEBTOR'S NAME: Provide only one Debtor name (2a or aname will not fit in line 2b, leave all of item 2 blank, check here 		ll name; do not omit, e the Individual Debt						
2a. ORGANIZATION'S NAME								
OR CLANDING PLAN OR OF THE PROPERTY OF THE PRO		CIDAT DEDGO			LABBITIO		# 10 mm (A 1 / C)	Touren
2b. INDIVIDUAL'S SURNAME		FIRST PERSON/	AL NAME		ADDITIO	NAL NAME(S)	//NITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY			STATE	POSTAL CO	DE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of	f ASSIGNOR SEC	URED PARTY); Pro	vide only on	e Secured Party na	me (3a or 3b))		
3a. ORGANIZATION'S NAME All In Credit Union		<u> </u>						-
OR 3b. INDIVIDUAL'S SURNAME		FIRST PERSONA	AL NAME		TADDITIO	NAL NAME(S)	//NITIAL(S)	SUFFIX
						, ,	, ,	
3c. MAILING ADDRESS P.O. Drawer 8		Daleville	•		STATE	96322	DE	COUNTRY
4. COLLATERAL: This financing statement covers the following 11.700000 kW photovoltaic solar energy	g collateral:	onsisting of	Trina mo	ndules Sola	rEdge in	verter A	ND ALL C	THER
PRODUCTS, PROCEEDS AND ATTAC	HMENTS.	onoloung on	i iii Q iii	Judioo, Ooia	Lugo II	110110171		, , , , <u>, , , , , , , , , , , , , , , </u>
C.	•							
	_							
Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is Check <u>only</u> if applicable and check <u>only</u> one box:	held in a Trus	t (see UCC1Ad, item	17 and Inst					Representative
ba. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Hon	ne Transaction	A Debtor is	a Transmittir		_	r applicable at tural Lien	nd check <u>only</u> o Non-UCC	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/L		Consignee/Consign		Seller/Buyer		ilee/Bailor	==-	see/Licensor
8. OPTIONAL FILER REFERENCE DATA:								2140 0371

Entry: 549256 Page 2 of 2

UCC FINANCING STATEMENT ADDENDUM

	LOW INSTRUCTIONS AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i	if line 1b was le	eft blank				
	ecause Individual Debtor name did not fit, check here						
	9a. ÖRGANIZATION'S NAME						
		·				•	
OR	9b. INDIVIDUAL'S SURNAME						
	96. INDIVIDUAL'S SURNAME Reimann						
-	FIRST PERSONAL NAME				•		•
	Eric						
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
┙	DEPTODIC NAME DE 11/20 AGO AGO					S FOR FILING OF	
	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of not omit, modify, or abbreviate any part of the Debtor's name) and enter the r			ne 1b or 2b of the f	inancing S	tatement (Form UCC1) (use exact, full name
ſ	10a. ORGANIZATION'S NAME			<u></u>			
R							
^	10b, INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME					_	
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
╛		T				T-1	
З.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
_	ADDITIONAL SECURED PARTY'S MANS ASSIGN	IOD SECU		MANE - ·			
1. 	ADDITIONAL SECURED PARTY'S NAME or ASSIGN ASSIGN ASSIGN	OK SECUI	RED PARTITO	NAME: Provide	only <u>one</u> na	me (11a or 11b)	
R							
٦	11b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME		ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX
,							
_ c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
ic.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
	MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY			STATE	POSTAL CODE	COUNTRY
		CITY			STATE	POSTAL CODE	COUNTRY
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2. /	ADDITIONAL SPACE FOR ITEM 4 (Collateral):				STATE	POSTAL CODE	COUNTRY
2. /	ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FIN	ANCING STATEN	_			
. /	ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FIN	ers timber to be cu	_			COUNTRY .
2. / 3. [ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FIN cov		t covers as-			
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