

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br><b>Langdon T. Owen 801 363-4300</b>                                                                                       |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><b>Langdon T Owen<br/>Parsons Kinghorn Harris, pc<br/>111 East Broadway, 11th Floor<br/>Salt Lake City, Utah 84111</b> |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

|                                                                 |                                   |                                                        |                                                 |                                                        |                               |
|-----------------------------------------------------------------|-----------------------------------|--------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|-------------------------------|
| 1a. ORGANIZATION'S NAME<br><b>Towne Storage Clearfield, LLC</b> |                                   |                                                        |                                                 |                                                        |                               |
| OR                                                              | 1b. INDIVIDUAL'S LAST NAME        | FIRST NAME                                             | MIDDLE NAME                                     | SUFFIX                                                 |                               |
| 1c. MAILING ADDRESS<br><b>1100 E. 6600 S., Suite 201</b>        |                                   | CITY<br><b>Salt Lake City</b>                          | STATE<br><b>UT</b>                              | POSTAL CODE<br><b>84121</b>                            | COUNTRY                       |
| 1d. SEE INSTRUCTIONS                                            | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION<br><b>Limited Liability C</b> | 1f. JURISDICTION OF ORGANIZATION<br><b>Utah</b> | 1g. ORGANIZATIONAL ID #, if any<br><b>2049989-0160</b> | <input type="checkbox"/> NONE |

2. 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 |                                   |                          |                                  |                                 |                               |
| OR                      | 2b. INDIVIDUAL'S LAST NAME        | FIRST NAME               | MIDDLE NAME                      | SUFFIX                          |                               |
| 2c. MAILING ADDRESS     |                                   | CITY                     | STATE                            | POSTAL CODE                     | COUNTRY                       |
| 2d. SEE INSTRUCTIONS    | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any | <input type="checkbox"/> NONE |

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

|                                                                                  |                            |                        |                      |                             |                       |
|----------------------------------------------------------------------------------|----------------------------|------------------------|----------------------|-----------------------------|-----------------------|
| 3a. ORGANIZATION'S NAME<br><b>FARM BUREAU LIFE INSURANCE COMPANY OF MICHIGAN</b> |                            |                        |                      |                             |                       |
| OR                                                                               | 3b. INDIVIDUAL'S LAST NAME | FIRST NAME             | MIDDLE NAME          | SUFFIX                      |                       |
| 3c. MAILING ADDRESS<br><b>P.O. Box 30400, 7373 West Saginaw Highway</b>          |                            | CITY<br><b>Lansing</b> | STATE<br><b>Mich</b> | POSTAL CODE<br><b>48909</b> | COUNTRY<br><b>USA</b> |

4. This FINANCING STATEMENT covers the following collateral:

All fixtures and all tangible and intangible personal property of Borrower/Debtor, which are related to or a part of the land and improvements described in Schedule A, whether now owned or hereafter acquired by Borrower/Debtor, or in which Borrower/Debtor may now have or hereafter acquire any interest, including, without limitation, (a) all equipment (including all machinery, tools and furniture), whether now owned or hereafter acquired by Borrower/Debtor, or in which Borrower/Debtor may now have or hereafter acquire an interest; (b) all instruments, leases, accounts, documents of title, policies and certificates of insurance, proceeds of insurance and condemnation awards, now or hereafter owned by Borrower/Debtor, or in which Borrower/Debtor may now have or hereafter acquire an interest; (c) all accessions, additions or improvements to, all replacements, substitutions and parts for, and all proceeds and products of, all of the foregoing; (d) all books, records and documents relating to all of the foregoing; and (e) all properties and assets of every type relating to all of the foregoing.

**SCHEDULE A  
DESCRIPTION OF REAL ESTATE Parcel ID #12-003-0166**

|                                                                                                                                                       |                                          |                                                                               |                                        |                                       |                                   |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------------|
| 5. ALTERNATIVE DESIGNATION [if applicable]:                                                                                                           | <input type="checkbox"/> LESSEE/LESSOR   | <input type="checkbox"/> CONSIGNEE/CONSIGNOR                                  | <input type="checkbox"/> BAILEE/BAIOLR | <input type="checkbox"/> SELLER/BUYER | <input type="checkbox"/> AG. LIEN | <input type="checkbox"/> NON-UCC FILING |
| 6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum | <input type="checkbox"/> [if applicable] | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional] | <input type="checkbox"/> All Debtors   | <input type="checkbox"/> Debtor 1     | <input type="checkbox"/> Debtor 2 |                                         |

8. OPTIONAL FILER REFERENCE DATA

24985.01

**SCHEDULE A**  
**DESCRIPTION OF REAL ESTATE**

LAND SITUATED IN DAVIS COUNTY, STATE OF UTAH AND DESCRIBED AS FOLLOWS:

A part of the Southwest Quarter of Section 1, Township 4 North, Range 2 West, Salt Lake Base and Meridian, described as follows: Beginning at a point on the Westerly line of property conveyed in Book 1439, Page 250, South 89° 45' 34" East, 585.09 feet along the section line, South 37° 20' 14" East 181.64 feet, North 89° 45' 34" West 75.70 feet and South 37° 20' 14" East, 93.60 feet from the West Quarter corner of said Section 1, and running thence South 37° 20' 14" East, 86.90 feet; thence North 89° 45' 34" West, 34.80 feet; to the Northwest corner of property conveyed to Elvira McClean in Book 1-0, Page 502; thence South 37° 20' 14" East, 77.70 feet; thence South 55° 56' 45" East, 91.00 feet to the Northwest corner of property conveyed in Book 1616, Page 306; thence South 89° 45' 34" East, 193.85 feet to the West line of State Route 126; thence South 37° 20' 14" East along said line, 93.39 feet to the Southwest corner of said property (1616/306); thence North 89° 45' 34" West, 321.53 feet; thence South 0° 08' 46" West, 49.71 feet; thence North 89° 51' 14" West, 180.00 feet; thence North 0° 08' 46" East, 35.00 feet; thence North 89° 51' 14" West, 213.55 feet to the East line of existing roadway; thence North 29° 56' 00" West along said line, 312.66 feet; thence South 72° 08' 30" East 20.23 feet; thence North 0° 14' 30" East 4.35 feet; thence East, 460.93 feet to the point of beginning.

Parcel ID #12-003-0166