ENT 122300: 2022 PG 1 of 3 Andrea Allen **Utah County Recorder** 2022 Dec 05 12:15 PM FEE 40.00 BY TM **UCC FINANCING STATEMENT** RECORDED FOR First Corporate Solutions Inc. **FOLLOW INSTRUCTIONS** ELECTRONICALLY RECORDED A. NAME & PHONE OF CONTACT AT FILER (optional) Online Dept. - 888-507-4593 B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) FIRST CORPORATE SOLUTIONS INC. 914 S STREET SACRAMENTO CA 95811 UCC1-1078631 Utah County, U THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME OF 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX DURLING RACHEL STATE POSTAL CODE COUNTRY 1c. MAILING ADDRESS CITY 10349 N 5950 W HIGHLAND 84003-9642 USA 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (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 name will not fit in line 2b, leave all of item 2 blank, check here 🦳 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX DURLING <u>IOHN</u> 2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 10349 N 5950 W 84003-9642 USA HIGHLAND 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Department of Commerce Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS STATE POSTAL CODE COUNTRY DC 20230 USA 1401 Constitution Avenue, NW B-0038A Washington 4. COLLATERAL: This financing statement covers the following collateral: Home Improvement - HFS Branch

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/Buy	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	

[UCC1-1078631] 45939

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UCC FINANCING STATEMENT ADDENDUM

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement					
because Individual Debtor name did not fit, check here	t; if line 1b was left blank				
9a. ORGANIZATION'S NAME					
Sa. ORGANIZATIONS NAIVE					
9b. INDIVIDUAL'S SURNAME					
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ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
DEPTOPIC NAME OF THE OWNER OWNER OF THE OWNER OW		-		IS FOR FILING OFFICE	
 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name do not omit, modify, or abbreviate any part of the Debtor's name) and enter the 		fit in line 1b or 2b of the	Financing S	Statement (Form UCC1) (use	exact, full nam
10a. ORGANIZATION'S NAME	- · · · · · · · · · · · · · · · · · · ·				
R 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	ME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
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1c. MAILING ADDRESS 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY		STATE	POSTAL CODE	COUNTRY
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EXHIBIT A

Lot 15, RUBY ESTATES, according to the Official Plat thereof, on file and of record in the Office of the Utah County Recorder, State of Utah.