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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

CEEGV ING TROOTIONS	
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1204 92479 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703-4261	Filed In: Utah (Salt Lake)

12352782 08/29/2016 11:22 AM \$14-00 Book - 10469 Pg - 3579-3581 GARY W. OTT RECORDER, SALT LAKE COUNTY, UTAH CORPORATION SERVICE COMPANY PO BOX 2969 SPRINGFIELD, IL 62708 BY: MSA, DEPUTY - MA 3 P.

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS

RESTATE covered collateral

1a. INITIAL FINANCING STATEMENT FILE NUMBER 11336430 BK 9992 PG 9359 2/21/2012	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminate Statement	ed with respect to the security interest(s) of Secured Party authorizing this Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> addres For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in ite	
4. CONTINUATION: Effectiveness of the Financing Statement identified above with responding to the additional period provided by applicable law	sect to the security interest(s) of Secured Party authorizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:	
Check one of these two boxes: CHANGE name and	e boxes to: for address; CompleteADD name: Complete itemDELETE name: Give record name are 7 and 10 and 1

3. TAKIT IN OKNIKITON ON MOE.			
Check one of these two boxes:	AND Check one of these three boxes to:		
This Change affects Debtor or Secured Party of record	CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c 7a or	name: Complete item DELETE name to be deleted in	Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party	y Information Change - provide only one name (6a or 6b)		
6a, ORGANIZATION'S NAMEHAPPY VALLEY CH	IOCOLATE, INC.		
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assign	nment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, t	ull name; do not omit, modify, or abbreviate any part	of the Debtor's name)
OR 75. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY

DELETE collateral

NAME OF SECURED PARTY OF RECORD A If this is an Amendment authorized by a DEBTOR, chec	UTHORIZING THIS AMENDMENT: Provide only one name ((9a or 9b) (name of Assignor, if this is an Assignme	ent)
9a. ORGANIZATION'S NAMEZIONS FIRST N	NATIONAL BANK		
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

Corporation Service Company 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808

ASSIGN collateral

8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral

Indicate collateral:

0 N	LOW INSTRUCTIONS (front	1a or 1b) ON RELATED FINANCING STA	TEMENT			
		IAPPY VALLEY CHOCOLATE				
OR	_					
.	9ь. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLÉ NAME,SUFFIX			
10.1	MISCELLANEOUS:					
			TI	E ABOVE SPACE	IS FOR FILING OFFIC	E USE ONLY
11.	ADDITIONAL DEBTOR'S EX	XACT FULL LEGAL NAME - insert only one r	name (11a or 11b) - do not abbreviate or co	mbine names		
	11a. ORGANIZATION S NAME					
OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
11c.	MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
					<u>L</u>	
11d.		LINFO RE 11e. TYPE OF ORGANIZATION ANIZATION	11f. JURISDICTION OF ORGANIZATIO	11g. OR	GANIZATIONAL ID #, if an	
	DEB		<u> </u>			NON
12.	ADDITIONAL SECURED 12a. ORGANIZATION'S NAME	D PARTY'S of [] ASSIGNOR S/P'S	NAME - insert only one name (12a or	2b)		
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
12c.	MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
]		
13.	This FINANCING STATEMENT co		16. Additional collateral description:			
14.	collateral, or is filed as a	ure many.				
RE	EAL PROPERTY SITUATE	ED IN SALT LAKE COUNTY, UTAH,				
		SCRIBED AS FOLLOWS:				
		TH WEST CORNER OF BLOCK 76, EY, SECTION 6, TOWNSHIP 1				
		SALT LAKE BASE AND MERIDIAN				
		89 59'38"E 165.07 FEET; THENCE				
		THENCE S89 59'52"E 66.03 FEET;				
		10 FEET; THENCE N89 59'38"E 0 01'18"E 106.07 FEET; THENCE				
	39 59'47"E 44.75 FEET;	0 01 10 2 100.07 1 221, 11121102				
15.	Name and address of a RECORD (if Debtor does not have a record	OOWNER of above-described real estate interest):				
CI	TY CREEK CENTER ASS	SOCIATES LLC				
20	0 EAST LONG LAKE ROA	AD	17. Check only if applicable and check	anly one box		
Βl	OOMFIELD HILLS MI 483	303-0200	Debtor is a Trust or Trustee		roperty held in trust or	Decedent's Estat
			18. Check only if applicable and check		- · · · · · · · · · · · · · · · · · · ·	-
			Debtor is a TRANSMITTING UTILIT	Y		
			Filed in connection with a Manufac	tured-Home Transactio	n — effective 30 years	

NAME OF FIRST DER		N RELATED FINANCING STA	TEMENT				
		ALLEY CHOCOLATE					
	11/31 1 1	ALLET ONO OBATE	., 1140.				
9b. INDIVIDUAL'S LAST N	AME	FIRST NAME	MIDDLE NAME, SUFFIX				
MISCELLANEOUS:	- · · · ·						
				THE ABOVE SF	PACEI	S FOR FILING OFFICE	USE ONLY
ADDITIONAL DEBTO		LEGAL NAME - insert only one n	ame (11a or 11b) - do not abbreviate				
	-						
11b. INDIVIDUAL'S LAST	NAME		FIRST NAME	M	IDDLE 1	IAME	SUFFIX
. MAILING ADDRESS			СПҮ	S	TATE	POSTAL CODE	COUNTR
SEEINSTRUCTIONS	ADD'L INFO RE	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZ	ATION 11	g. ORG	ANIZATIONAL ID #, if any	
	ORGANIZATION DEBTOR		1	· i	•		
ADDITIONAL SEC	<u> </u>	S of ASSIGNOR S/P'S	NAME - insert only <u>one</u> name (12	≧a or 12b)			
12a. ORGANIZATION'S N							
			Tripothiaus		1001 E 1	IABAT	Teursiy
12b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MI	IDDLE I	NAME	SUFFIX
, MAILING ADDRESS			СПУ	Ś	TATE	POSTAL CODE	COUNTR
This FINANCING STATE	IENT covers tim	ber to be cut or as-extracted	16. Additional collateral description	on:		<u> </u>	
collateral, or is filed as a	2.2						
Description of real estate:							
	-	'HENCE S89 59'45"E 161.68 FEET; THENCE					
·		S00 01'18"E 47.95 FEET;					
	=	HENCE S00 01'18"E 65.04					
		FEET; THENCE N00					
		59'41"W 330.16 FEET;					
HENCE N00 01'10"V EGINNING. CONTAI							
15-01-227-032-0000	10 024,071 00	. I I . I MINOLE					
		above-described real estate					
	record interest):						
Name and address of a R (if Debtor does not have a	record interest):						
	record interest):		17 Obselvania v v v v v	And the second		****	
	record interest):		17. Check only if applicable and o		not to s	anady hald in trust or .	Decederi's 5
	record interest):		Debtor is a Trust or Trus	stee acting with respe	ect to pr	operty held in trust or	Decedent's E
	record interest):		Debtor is a Trust or Trus	stee acting with respe check <u>only</u> one box.	ect to pr	operty held in trust or	Decedent's (
	record interest);		Debtor is a Trust or Trus	stee acting with respendence only one box.		· · · · · · · · · · · · · · · · · · ·	Decedent's f