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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

SOLAR PANELS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolte	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	46391 - Army Aviation
Lien Solutions P.O. Box 29071	68163960
Glendale, CA 91209-9071	UTUT
1	FIXTURE
File with: Salt Lake, UT	

12921152
01/18/2019 12:42 PM \$12.00
Book - 10746 Pa - 8159-8160
RASHELLE HOBBS
RECORDER, SALT LAKE COUNTY, UTAH
CT LIEN SOLUTIONS
330 N BRAND BLVD
STE 700
GLENDALE CA 91203
BY: RWP, DEPUTY - MA 2 P.

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or				
name will not fit in line 1b, leave all of item 1 blank, check here 1a, ORGANIZATION'S NAME	and provide the Individual Debtor information in item 10	of the Financing St	atement Addendum (Form	UCC1Ad)
Th. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
WARNER	ROBERT	P	P	
1c. MAILING ADDRESS	СІТУ	STATE	POSTAL CODE	COUNTRY
2928 W 1500 E	SALT LAKE CITY	UT	UT 84106	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or	2b) (use exact, full name; do not omit, modify, or abbreviate a	ny part of the Debto	r's name); if any part of the	Individual Debtor:
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 St	atement Addendum (Form	UCC1Ad)
2a. ORGANIZATION'S NAME			•	
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of	ASSIGNOR SECURED PARTY): Provide only one Secured	Party name (3a or 3	b)	
3a. ORGANIZATION'S NAME				
Army Aviation Center FCU				
OR 36. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL		SUFFIX
3c. MAILING ADDRESS	СІТҮ	STATE	POSTAL CODE	COUNTRY
238 Virginia Ave	Daleville	AL	36322	USA
COLLATERAL: This financing statement covers the following	r collatoral:			

Check <u>only</u> if applicable and check	onty one box: Collateral is held i	n a Trust (see UCC1Ad, item 17 a	nd Instructions)	being administered by a De	cedent's Personal Representative
6a. Check only if applicable and chec	k <u>only</u> one box:			6b. Check only if applicable	and check only one box:
Public-Finance Transaction	Manufactured-Home Transa	action A Debtor is a Trans	smitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if a	applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE D	ATA:				_
68163960	ROBERT P WARNER			400044199	

DLLOW INSTRUCTIONS	encine Statement William Ab	A blook				
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Fine because Individual Debtor name did not fit, check here		eft blank				
9a. ORGANIZATION'S NAME						
96. INDIVIDUAL'S SURNAME WARNER						
FIRST PERSONAL NAME ROBERT	*************************************					
ADDITIONAL NAME(SYINITIAL(S)		SUFFIX	THE ABOVE S	DACE	IS EOD EILING OFFI	CE USE ON
DEBTOR'S NAME: Provide (10a or 10b) only one add		e that did not fit in line 1b			IS FOR FILING OFFI atement (Form UCC1) (us	
do not omit, modify, or abbreviate any part of the Debtor's r 10a. ORGANIZATION'S NAME	ane) and enter the mailing address	s in line Toc			<u> </u>	
10b. INDIVIDUAL'S SURNAME			-	-		
INDIVIDUAL'S FIRST PERSONAL NAME		·	<u> </u>			
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)						SUFFIX
Ic. MAILING ADDRESS	CITY	v e v	s	TATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME	ASSIGNOR SECUF	RED PARTY'S NAME:	Provide only on	e name	(11a or 11b)	
11a. ORGANIZATION'S NAME	•					
11b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME	A	DDITION	IAL NAME(SYINITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY		S.	TATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
·						
M. T.: FINANCING STATEMENT : A D. E. J. K.	This St	INANCING STATEMENT				
This FINANCING STATEMENT is to be filed [for recor		vers timber to be cut	: covers as-extr	racted c	ollateral 🔀 is filed as :	a fixture filing
	described in item 16 16. Descrip	vers timber to be cut [covers as-extr	racted c	ollateral 🔀 is filed as	a fixture filing

Army Aviation Center FCU

17. MISCELLANEOUS: 68163960-UT-35 46391 - Army Aviation Center

ROBERT P WARNER 400044199

File with: Salt Lake, UT