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 Book - 10893 Pg - 4804-4806
 RASHELLE HOBBS
 RECORDER, SALT LAKE COUNTY, UTAH
 CT LIEN SOLUTIONS
 330 N BRAND BLVD STE 700
 GLENDALE CA 91203
 BY: MGA, DEPUTY - MA 3 P.

UCC FINANCING STATEMENT
 FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 30595 - SUNLIGHT	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	73662022 UTUT FIXTURE
File with: Salt Lake, UT	

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				
OR	1b. INDIVIDUAL'S SURNAME Brimhall	FIRST PERSONAL NAME Darren	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 4996 s 4015 W		CITY Keams	STATE UT	POSTAL CODE 84118
			COUNTRY 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				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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 3b)

3a. ORGANIZATION'S NAME Cross River Bank				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 885 Teaneck Road		CITY Teaneck	STATE NJ	POSTAL CODE 07666
			COUNTRY USA	

4. COLLATERAL: This financing statement covers the following collateral:

5.04 kW photovoltaic solar energy system, consisting of: Jinko modules, SolarEdge inverter AND ALL OTHER PRODUCTS, PROCEEDS, AND ATTACHMENTS.

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:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:
 73662022 872-8110599-000 0064M00000WwTj7QAF

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME	
OR	
9b. INDIVIDUAL'S SURNAME	
Brimhall	
FIRST PERSONAL NAME	
Darren	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME				
OR				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in Item 16 (if Debtor does not have a record interest):

16. Description of real estate:

Parcel ID:
21-07-282-015-0000

A PARCEL OF LAND LOCATED IN THE STATE OF UT, COUNTY OF SALT LAKE, WITH A SITUS ADDRESS OF 4996 S 4015 W, TAYLORSVILLE UT 84129-4135 CURRENTLY OWNED BY BRIMHALL LISA / BRIMHALL DARREN HAVING A [See Exhibit for Real Estate]

17. MISCELLANEOUS: 73662022-UT-35 30595 - SUNLIGHT FINANCIAL Cross River Bank File with: Salt Lake, UT 872-8110599-000 0064M00000WwTj7QAF

Debtor: Brimhall, Darren

Exhibit for Real Estate

16. Description of real estate: Continued

**TAX ASSESSOR NUMBER OF 21-07-282-015-0000
AND BEING THE SAME PROPERTY MORE FULLY
DESCRIBED AS LOT 15 BLK 103 HOFFMAN HEIGHTS
NO 16 8187-1498 8187-1500 8908-0630 8978-0423
9841-3133 9850-1034 AND DESCRIBED IN
DOCUMENT NUMBER 13014681 DATED 6/14/2019
AND RECORDED 6/21/2019.**