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FOLLOW IN		
A. NAME 8	STRUCTIONS PHONE OF CONTACT AT FI	ILE
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A. NAME 8  B. E-MAIL  filings	STRUCTIONS  PHONE OF CONTACT AT FI  CONTACT AT FILER (optional  @loanpalsupport.com	ILE I)
A. NAME 8  B. E-MAIL  filings	ISTRUCTIONS  PHONE OF CONTACT AT FI  CONTACT AT FILER (optional	ILE

Record at the request of and when recorded return to:

Loanpal, LLC

13422765 10/09/2020 01:58 PM \$40.00 800k - 11036 Pa - 2013-2014 RASHELLE HOBBS RECORDER, SALT LAKE COUNTY, UTAH PARAMOUNT EQUITY MORTGAGE PO BOX 4387 PORTLAND OR 97208 BY: ADA, DEPUTY - MA 2 P.

A. NAME & PHONE OF CONTACT AT FILER (optional)	
B. E-MAIL CONTACT AT FILER (optional)	
filings@loanpalsupport.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	

Loanpal, LLC PO Box 4387

Portland, OR 97208

_ •	THE ABOVE SPACE IS FO	R FILING OFFICE USE ONLY

			OR FILING OFFICE USE	
<ol> <li>DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or name will not fit in line 1b, leave all of item 1 blank, check here</li> </ol>	1b) (use exact, full name; do not omit, modify, or abbreviate any a and provide the Individual Debtor information in item 10 of	part of the Debto	r's name); if any part of the li	ndividual Debto
18. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	I A DOUTIO		
Pawlowski	Peter	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1082 S 800 E	SALT LAKE CITY	UT	84105-1232	USA
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAI NAME/SVINITIAL/SV	leusery
OR 2b. INDIVIDUAL'S SURNAME 2c. MAILING ADDRESS	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
2b. INDIVIDUAL'S SURNAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX COUNTRY USA
25. INDIVIDUAL'S SURNAME  10. MAILING ADDRESS  11. SECURED PARTY'S NAME (or NAME of ASSIGNEE of	CITY	STATE	POSTAL CODE	COUNTRY
25. INDIVIDUAL'S SURNAME  26. MAILING ADDRESS  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE or Jan. Organization's NAME)	CITY	STATE	POSTAL CODE	COUNTRY
25. INDIVIDUAL'S SURNAME  26. MAILING ADDRESS  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNE	CITY	STATE	POSTAL CODE	COUNTRY
26. MAILING ADDRESS  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE or Day 12 Company 12 C	CITY  ( ASSIGNOR SECURED PARTY): Provide only one Secured Pa	STATE	POSTAL CODE	COUNTRY

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

All of the debtor's right, title and interest in the Photovoltaic Solar Energy Equipment or Energy Storage/Battery Equipment (If any), including but not limited to rooftop solar panels, solar roofing materials, wall mounted batteries, stand alone batteries, inverters, cables and wires, support brackets, roof mounted or ground mounted racking systems, related equipment, and additions or replacements of the same. In addition, the security interest includes all warranties issued with respect to the referenced collateral.

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/But	yer Ballee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
Acct # 2005027882	

9. N	LOW INSTRUCTIONS  AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; ecause Individual Debtor name did not fit, check here	if line 1b was left blank	,	i			
	9a. ORGANIZATION'S NAME	<del></del> -					
OR	9b. INDIVIDUAL'S SURNAME Pawłowski						
Ì	FIRST PERSONAL NAME Peter						
ŀ	ADDITIONAL NAME(S)/INITIAL(S)	SUFFI	<u></u>				
		SUFFI	^	TUE ABOVE		10.505.50	
10. [	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name o	r Debtor name that did	not fit in I	line 1b or 2b of the F	inancino S	IS FOR FILING OFFICE	USE ONLY
_	do not omit, modify, or abbreviate any part of the Debtor's name) and enter the n 10a. ORGANIZATION'S NAME	nailing address in line	10c				dact, foil flam
	IVA. UNGANIZATION S NAME					-	
OR	10b. INDIVIDUAL'S SURNAME						
L							
1	INDIVIDUAL'S FIRST PERSONAL NAME	•			-		
.  -	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
Oc.	MAILING ADDRESS ,	CITY			STATE	POSTAL CODE	COUNTRY
11. [	☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGN	OR SECURED P	ARTY'S	NAME: Provide o	nly <u>one</u> na	ame (11a or 11b)	
ľ	11a. ORGANIZATION'S NAME	•					· ·
OR 1	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. I	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
2. A	DDITIONAL SPACE FOR ITEM 4 (Collateral):				_		
	DOTTIONAL OF ACE FOR TIEW 4 (Collateral):						
3. 🛚	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING	STATEM	ENT:			
5. Na	ame and address of a RECORD OWNER of real estate described in item 16	covers timbe		covers as-e	xtracted c	ollatera! X is filed as a f	fixture filing
	Debtor does not have a record interest):	16. Description of rea					
'ete	r Pawlowski	County of:	SALT	LAKE			
		Address of Real Estate:	1082 S 8	300 E, SALT LAK	KE CITY	, UT, 84105-1232	
		A PN	16083	060270000			

UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)

17. MISCELLANEOUS:

THE E 101.36 FT OF LOT 10, BLK 1, TORONTO SUB. 4872-842 5294-1392 5516-2549 6349-1323 7185-1564 8280-7076 8280-7077 09481-9729