JCC FINANCING STATEMENT OLLOW INSTRUCTIONS] 	13660844 5/12/2021 2:43:00 PM \$40.00 Book - 11173 Pg - 3647-3651 RASHELLE HOBBS Recorder, Salt Lake County, UT COTTONWOOD TITLE BY: eCASH, DEPUTY - EF 5 P.		
A. NAME & PHONE OF CONTACT AT FILER (optional)				
3. E-MAIL CONTACT AT FILER (optional)				
Allen Matkins Leck Gamble Mallory & Natsis 865 South Figueroa Street, Suite 2800 Los Angeles, California 90017-2543 Attn: Marc D. Young, Esq.	LLP 7			
L CT-142320-CAF	THE A	BOVE SPACE IS FO	OR FILING OFFICE USE (ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here and pro	full name; do not omit, modify, or abbrevial vide the Individual Debtor information in item	e any part of the Debton n 10 of the Financing St	"s name); if any part of the In atement Addendum (Form UC	dividual Deb
The Charli QOZB, LLC 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS 1095 E 2100 S. Suite 110	Salt Lake City	STATE	POSTAL CODE 94106	COUNTR
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and pro	full name, do not omit, modify, or abbrevial vide the Individual Debtor information in iter	e any part of the Debtor n 10 of the Financing St	r's name); if any part of the In atement Addendum (Form U	idividual Deb CC1Ad)
2a. ORGANIZATION'S NAME				
2a. ORGANIZATION'S NAME	FIRST PERSONAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	POSTAL CODE	
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 2c. MAILING ADDRESS 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR STATES OF ASSIGNO	CITY	STATE	POSTAL CODE	
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 2c. MAILING ADDRESS 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR S	CITY	STATE STATE	POSTAL CODE	SUFFIX

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 Bailee/Bailor Licensee/Licensor		
8. OPTIONAL FILER REFERENCE DATA: Salt Lake County, Utah (C/M# 390329.00003); 4811-0770-8903			

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 The Charli QOZB, LLC 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 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 SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE COUNTRY 10c. MAILING ADDRESS CITY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME ALLIED WORLD INSURANCE COMPANY FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11b. INDIVIDUAL'S SURNAME STATE POSTAL CODE COUNTRY 11c. MAILING ADDRESS M5J 2N7 CA 95 Wellington Street West, Suite 802 **Toronto** ON 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 See Schedule 1 attached hereto City of Salt Lake City

17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS 18. 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 18a. ORGANIZATION'S NAME The Charli QOZB, LLC 18b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) 19a. ORGANIZATION'S NAME OR SUFFIX FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 19b. INDIVIDUAL'S SURNAME COUNTRY STATE POSTAL CODE 19c. MAILING ADDRESS 20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a. ORGANIZATION'S NAME OR 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY 20c. MAILING ADDRESS CITY 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a. ORGANIZATION'S NAME OR 21b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME STATE POSTAL CODE COUNTRY CITY 21c. MAILING ADDRESS 22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) 22a ORGANIZATION'S NAME UNITED STATES FIRE INSURANCE COMPANY OR 22b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME COUNTRY STATE POSTAL CODE CITY 22c. MAILING ADDRESS ON M5J 2N7 CA Toronto 95 Wellington Street West, Suite 802 23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b) 23a ORGANIZATION'S NAME HILLTOP SPECIALTY INSURANCE COMPANY

FIRST PERSONAL NAME

CITY

Toronto

95 Wellington Street West, Suite 802 24. MISCELLANEOUS:

23c. MAILING ADDRESS

23b. INDIVIDUAL'S SURNAME

ADDITIONAL NAME(S)/INITIAL(S)

POSTAL CODE

ON

M5J 2N7

SUFFIX

COUNTRY

CA

UCC FINANCING STATEMENT ADDITIONAL PARTY FOLLOW INSTRUCTIONS 18. 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 18a. ORGANIZATION'S NAME The Charli QOZB, LLC 18b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 19a. ORGANIZATION'S NAME OR 19b. INDIVIDUAL'S SURNAME SUFFIX ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME STATE POSTAL CODE COUNTRY 19c. MAILING ADDRESS CITY 20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a. ORGANIZATION'S NAME OR 20b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME STATE POSTAL CODE COUNTRY CITY 20c. MAILING ADDRESS 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a. ORGANIZATION'S NAME OR 21b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME STATE POSTAL CODE COUNTRY CITY 21c. MAILING ADDRESS 22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) 22a, ORGANIZATION'S NAME ZENITH INSURANCE COMPANY OR 22b. INDIVIDUAL'S SURNAME SUFFIX ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME POSTAL CODE COUNTRY STATE 22c. MAILING ADDRESS CITY M5J 2N7 CA ON Toronto 95 Wellington Street West, Suite 802 ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b) 23a. ORGANIZATION'S NAME OR 23b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME

CITY

24. MISCELLANEOUS:

23c MAILING ADDRESS

STATE POSTAL CODE

COUNTRY

SCHEDULE 1

LEGAL DESCRIPTION

All that certain real property situated in the City of Salt Lake, County of Salt Lake, State of Utah, and described as follows:

Beginning at the Northwest corner of Lot 11, WALKERS SUBDIVISION of Block 4, Plat "A", Salt Lake City Survey; said point being on the South right-of-way line of 800 South Street; said point also being North 89°56'40" East, along the monument line, 222.87 feet and North 00°03'20" West, 723.61 feet from a Salt Lake City Survey Monument located in the intersection of 900 South Street and West Temple Street; and running thence South 89°55'15" East, along the South right-of-way line of 800 South Street, 141.00 feet to a point on the West right-of-way line of Richards Street; thence South 00°01'41" East, along said West right-of-way line of Richards Street, 245.00 feet to a point on the North line of Lot 13 of said Walkers Subdivision; thence North 89°55'15" West, along said North line of Lot 13, 141.00 feet; thence North 00°01'48" West, 245.00 feet to the point of beginning.

APN: 15-12-277-021