

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Brandi Jones 800-392-8308 x5

B. E-MAIL CONTACT AT FILER (optional)
rebecca.wheeler@alorica.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**MEDALLION BANK
4315 PICKETT ROAD
SAINT JOSEPH, MO 64503**

**14075875 B: 11402 P: 8878 Total Pages: 2
02/24/2023 04:42 PM By: salvarado Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To MEDALLION BANK
4315 PICKETT RDST JOSEPH64503**



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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
TRIMMER	SHAUNDA			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
4302 S MACKAY ST	TAYLORSVILLE	UT	84123	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				
MEDALLION BANK				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
4315 PICKETT ROAD	SAINT JOSEPH	MO	64503	USA

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

**FURNACE REPLACEMENT- FIXTURE FILING
THE FOLLOWING PROPERTY IS SITUATED IN TAYLORSVILLE, COUNTY OF SALT LAKE, STATE OF UTAH
TO WIT: OT 7 MEADOWBROOK VALLEY NO 2
PROPERTY ADDRESS: 4302 S MACKAY ST, TAYLORSVILLE, UT84123
PARCEL ID#: 2103276020000**

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:
41681792

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
TRIMMER

FIRST PERSONAL NAME
SHAUNDA

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 4302 S MACKAY ST	CITY TAYLORSVILLE	STATE UT	POSTAL CODE 84123	COUNTRY USA
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11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME. Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME
MEDALLION BANK

OR

11b. INDIVIDUAL'S SURNAME _____ FIRST PERSONAL NAME _____

ADDITIONAL NAME(S)/INITIAL(S) _____ SUFFIX _____

11c. MAILING ADDRESS 4315 PICKETT ROAD	CITY SAINT JOSEPH	STATE MO	POSTAL CODE 64503	COUNTRY USA
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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):

**SHAUNDA TRIMMER
4302 S MACKAY ST
TAYLORSVILLE, UT 84123**

16. Description of real estate:

**FURNACE REPLACEMENT- FIXTURE FILING
THE FOLLOWING PROPERTY IS SITUATED IN TAYLORSVILLE,
COUNTY OF SALT LAKE, STATE OF UTAH
TO WIT: OT 7 MEADOWBROOK VALLEY NO 2
PROPERTY ADDRESS: 4302 S MACKAY ST, TAYLORSVILLE,
UT84123
PARCEL ID#: 21032760200000**

17. MISCELLANEOUS:
41681792