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3c. MAILING ADDRESS

One Credit Union Plaza

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

payoff requests call 800.677.8506 ext 7706.

UCC FINANCING STATEMENT



ENT 140979:2021 PG 1 of 2 ANDREA ALLEN UTAH COUNTY RECORDER 2021 Aug 12 10:58 om FEE 40.00 BY JG RECORDED FOR LIEN SOLUTIONS

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

STATE

NY

POSTAL CODE

14830

FOLLOW INSTRUCTIONS		
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-3.	31-3282 Fax: 818-662-414	1
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	50077 - Corning Credit	
Lien Solutions P.O. Box 29071	81883498	
Glendale, CA 91209-9071	UTUT	
1	FIXTURE .	

File with: Utah, UT

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 **CASH TAYLOR** 1c MANING ADDRESS CITY POSTAL CODE COUNTRY **153 NORTH 150 WEST** AMERICAN FORK UT 84003 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 Corning Federal Credit Union OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

CITY

Corning

All solar equipment included but not limited to solar panels batteries racking system inverters and all other equipment and replacement parts. For

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 <u>only</u> if applicable and check <u>only</u> 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/B	Buyer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
81883498 CASH6230	

COUNTRY

USA

UCC FINANCING STATEMENT ADDENDUM

DLLOW INSTRUCTIONS						
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State	ement; if line 1b was left	blank				
because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME						
DE ONORNEATION O PARIE						
						
9b. INDIVIDUAL'S SURNAME						
CASH						
FIRST PERSONAL NAME		-				
TAYLOR						
ADDITIONAL NAME(SYINITIAL(S)		SUFFIX				
		′	THE ABOV	E SPACE	IS FOR FILING OFF	ICE USE ONL
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debt	or name or Debtor name	that did not fit in lin				
do not omit, modify, or abbreviate any part of the Debtor's name) and e	enter the mailing address i	in line 10c	6 10 01 20 01 tile 1	mancing o	tatement (Form OCC1) (us	e exact, tuli name
10a. ORGANIZATION'S NAME						
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						- *
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)						SUFFIX
c. MAILING ADDRESS	CiTY			STATE	POSTAL CODE	COUNTRY
					<u></u>	
ADDITIONAL SECURED PARTY'S NAME of	ASSIGNOR SECURE	D PARTY'S NA	ME: Provide only	one nam	e (11a or 11b)	
11a. ORGANIZATION'S NAME					 ;	
446 INDIVIDUALIS SUDMANT						
11b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
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☑ This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in	cove	rs timber to be cut on of real estate:	_	extracted o	collateral 🔀 is filed as	a fixture filing
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