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Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: LIEN SOLUTIONS
330 N. BRAND BLVD, SUITE 700 GLENDALE, CA 91203

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) 46322 - SunTrust Bank | |
| Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 | 93731976 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 | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| | POWELL | | ELEUTERIA | ISTRELIA | | |
| 1c. MAILING ADDRESS | | | CITY | STATE | POSTAL CODE | COUNTRY |
| 1231 E BRICKYARD RD APT 505 | | | SALT LAKE CITY | UT | 84106 | 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 | | | | | | |
| SERVICE FINANCE COMPANY, LLC | | | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| | | | | | | |
| 3c. MAILING ADDRESS | | | CITY | STATE | POSTAL CODE | COUNTRY |
| 555 SOUTH FEDERAL HWY SUITE 200 | | | BOCA RATON | FL | 33432 | USA |

4. COLLATERAL: This financing statement covers the following collateral:
BATH TUB AND SHOWER SYSTEMS

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:
93731976 3567144



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 | |
| POWELL | |
| FIRST PERSONAL NAME | |
| ELEUTERIA | |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| ISTRELIA | |

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) 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:
 16-29-258-030-0000

POWELL
PARCEL #: 16-29-258-030-0000
 Unit 505, Bldg 5, Brickyard Condm, Phase 1 1.1389%
 Int 4760-0217 5411-0624 5992-0156 7562-912,914
 7562-0918 9165-4567 9533-1751 09651-8259

