14220709 B: 11480 P: 3653 Total Pages: 3 03/26/2024 03:07 PM By: ctafoya Fees: \$40.00 Rashelle Hobbs, Recorder, Salt Lake County, Utah **UCC FINANCING STATEMENT Return To: CORPORATION SERVICE COMPANY (UCC) FOLLOW INSTRUCTIONS** 801 ADLAI STEVENSON DRIVESPRINGFIELD, IL 62703 A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) 1-800-858-5294 CSC B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2781 24914 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Utah (Salt Lake) SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY . 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 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) not fit in line 1b, leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME OR 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX GRUBER **ERIC** ANTHONY 1c. MAILING ADDRESS 5878 WEST ARLINRIDGE DR CITY POSTAL CODE COUNTRY **HERRIMAN** UT 84096 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 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 Credit Human Federal Credit Union OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS 1703 Broadway STATE POSTAL CODE COUNTRY San Antonio TΧ 78215 USA 4. COLLATERAL: This financing statement covers the following collateral: All of the Debtor's right, title, and interest in all of the solar photovoltaic equipment and associated components at the address referenced in this filing, including but not limited to any solar panels, inverters, wiring, batteries, monitoring devices, and racking, and as may be further described in the associated UCC Secured Solar Loan Agreement and/or Retail Purchase Agreement signed by Debtor. 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:

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

Agricultural Lien

Bailee/Bailor

Non-UCC Filing

Licensee/Licensor

2781 24914

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 07/01/23)

Manufactured-Home Transaction

Lessee/Lessor

Public-Finance Transaction

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

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UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

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 NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; in because Individual Debtor name did not fit, check here 	if line 1b was left b	lank					
9a. ORGANIZATION'S NAME							
OR 9b. INDIVIDUAL'S SURNAME							
GRUBER							
FIRST PERSONAL NAME							
ERIC		T					
ADDITIONAL NAME(S)/INITIAL(S) ANTHONY		SUFFIX	THE ABOV	/F SPACE	IS FOR FILING OFFIC	E USE ONLY	
 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of do not omit, modify, or abbreviate any part of the Debtor's name) and enter the name. 							
10a. ORGANIZATION'S NAME	mailing address in i	lile foc					
DR 10b. INDIVIDUAL'S SURNAME							
TUD. INDIVIDUAL S SURNAME							
INDIVIDUAL'S FIRST PERSONAL NAME							
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX	
0c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY	
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	SNOR SECUF	RED PARTY'S	S NAME: Provide	only <u>one</u> nam	ne (11a or 11b)	<u>'</u>	
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DR 11b. INDIVIDUAL'S SURNAME	FIRST PERS	SONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
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1c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY	
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):							
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3. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)		ANCING STATE					
Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be cut					a fixture filing	
(if Debtor does not have a record interest):				ED IN T	HE STATE OF I	JT COUNT	
ERIC ANTHONY GRUBER 5878 WEST ARLINRIDGE DR	A PARCEL OF LAND LOCATED IN THE STATE OF UT, COUI OF SALT LAKE, WITH A SITUS ADDRESS OF 5878 W						
HERRIMAN, UT 84096		ARLINRIDGE DR, HERRIMAN UT 84096-4757 R054					
TIERRINIAN, OT 04030			•		ERIC HAVING	XAT A	
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7. MISCELLANEOUS:							

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UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME GRUBER				
FIRST PERSONAL NAME				
ERIC ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
ANTHONY	JULIA	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name				
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the 10a. ORGANIZATION'S NAME	e mailing address in line 10c			
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT
	SIGNOR SECURED PARTY'S NAM	ME: Provide only <u>one</u> nam	ne (11a or 11b)	
11a. ORGANIZATION'S NAME				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
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