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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)	N 5	ATIONAL TI 295 S COM	JINTAH COUNTY; TLE AGENCY LL MERCE DR STE 2 THER COON	C
B. E-MAIL CONTACT AT FILER (optional)	, no	SC DY: NET	TINEN GOOR	3 1
C. SEND ACKNOWLEDGMENT TO: (Name and Address) First Utah Bank	\neg		Entry 201301 Book 1363 P	
Business Banking Department 93-5 11015 South State Street Sandy, UT 84070				
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use name will not fit in line 1b, leave all of item 1 blank, check here and an arm and arm	exact, full name, do not omit, modify, or abbreviate and provide the Individual Debtor information in item 1	any part of the Debto	OR FILING OFFICE USE or's name), if any part of the litterment Addendum (Form U	ndividual Det
1a ORGANIZATION'S NAME				
Presidential Hospitality Naples, LC				
Presidential Hospitality Naples, LC 1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
1b INDIVIDUAL'S SURNAME C MAILING ADDRESS 1041 South 1500 East	CITY Naples	STATE UT	POSTAL CODE 84078	COUNTR
1b INDIVIDUAL'S SURNAME 1c MAILING ADDRESS 1041 South 1500 East	CITY Naples exact, full name, do not omit, modify, or abbreviate a	STATE UT	POSTAL CODE 84078	COUNTR
The Individual's Surname c Mailing Address 1041 South 1500 East DEBTOR'S NAME. Provide only one Debtor name (2a or 2b) (use a name will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME	CITY Naples exact, full name, do not omit, modify, or abbreviate a	STATE UT any part of the Debto 0 of the Financing St	POSTAL CODE 84078	COUNTR
1b INDIVIDUAL'S SURNAME c MAILING ADDRESS 1041 South 1500 East 2. DEBTOR'S NAME. Provide only one Debtor name (2a or 2b) (use a name will not fit in line 2b, leave all of item 2 blank, check here an	CITY Naples exact, full name, do not omit, modify, or abbreviate and provide the individual Debtor information in item 1	STATE UT any part of the Debto 0 of the Financing St	POSTAL CODE 84078 's name), if any part of the in atement Addendum (Form United States	COUNTR USA dividual Deb CC1Ad)
1b INDIVIDUAL'S SURNAME 1c MAILING ADDRESS 1041 South 1500 East 2. DEBTOR'S NAME. Provide only one Debtor name (2a or 2b) (use a name will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME 2b INDIVIDUAL'S SURNAME c MAILING ADDRESS	CITY Naples exact, full name, do not omit, modify, or abbreviate and provide the individual Debtor information in item 1 FIRST PERSONAL NAME CITY	STATE UT any part of the Debto 0 of the Financing St ADDITIC	POSTAL CODE 84078 r's name), if any part of the interest Addendum (Form University of the Interest Addendum (Form	COUNTR USA dividual Det CC1Ad)
1b INDIVIDUAL'S SURNAME 1c MAILING ADDRESS 1041 South 1500 East 2. DEBTOR'S NAME. Provide only one Debtor name (2a or 2b) (use a name will not fit in line 2b, leave all of item 2 blank, check here and an analysis and analysis analysis and analysis anal	CITY Naples exact, full name, do not omit, modify, or abbreviate and provide the individual Debtor information in item 1 FIRST PERSONAL NAME CITY	STATE UT In part of the Debto 0 of the Financing St ADDITIC STATE Party name (3a or 3i)	POSTAL CODE 84078 r's name), if any part of the interest Addendum (Form University of the Interest Addendum (Form	COUNTR USA dividual Det CC1Ad)
To Individual's Surname 1c Mailing address 1041 South 1500 East 2. DEBTOR'S NAME. Provide only one Debtor name (2a or 2b) (use a name will not fit in line 2b, leave all of item 2 blank, check here and an an analysis and analysis analysis and analysis analysis and analysis analysis and analysis an	CITY Naples exact, full name, do not omit, modify, or abbreviate a did provide the individual Debtor information in item 1 FIRST PERSONAL NAME CITY OR SECURED PARTY) Provide only one Secured	STATE UT any part of the Debto 0 of the Financing St ADDITIO STATE Party name (3a or 3)	POSTAL CODE 84078 r's name), if any part of the invatement Addendum (Form University of the Invatement Adden	COUNTR USA dividual Deb CC1Ad) SUFFIX COUNTR

All Furniture, Fixtures & Equipment; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing.

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/Buy	yer Bailee/Bailor Licensee/Licensor
8 OPTIONAL FILER REFERENCE DATA	

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 Presidential Hospitality Naples, LC 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 10b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c MAILING ADDRESS POSTAL CODE STATE COUNTRY ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a ORGANIZATION'S NAME 11b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral). 13. X 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 X is filed as a fixture filing 15 Name and address of a RECORD OWNER of real estate described in item 16 Description of real estate (if Debtor does not have a record interest) Lot 2, IFA COMMERCIAL SITE PLAT B, according to the official plat thereof on file and of record in the Office of the Uintah County Recorder.

17. MISCELLANEOUS: