*W303776	

E# 3037705 PG 1 OF 3 LEANN H KILTS, WEBER COUNTY RECORDER 28-FEB-20 907 AM FEE \$40.00 DEP TN REC FOR: CT LIEN SOLUTIONS

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

. 5

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-3	31-3282 Fax: 818-662-4141
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	46391 - All In Credit Union
Lien Solutions P.O. Box 29071	73912724
Glendale, CA 91209-9071	UTUT
1	FIXTURE _I
File with: Weber, UT	
4 DERTORIO MAMO. Provide only one Debter some (4) on the	and the same and a second seco

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

	only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abill of item 1 blank, check here and provide the Individual Debtor information	÷ ,	• • • •		
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)		
AYOTTE	TYLER				
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
5947 S 2200 W	ROY	UΤ	84067	USA	
	only <u>one</u> Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or ab Il of item 2 blank, check here and provide the Individual Debtor information				
22. ORGANIZATION'S NAME					
			ADDITIONAL NAME(S)/INITIAL(S)		
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
28. INDIVIDUALS SURNAME	FIRST PERSONAL NAME	STATE	NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX	
25. MAILING ADDRESS SECURED PARTY'S NAME		STATE	POSTAL CODE		
22. MAILING ADDRESS 3. SECURED PARTY'S NAME 3a. ORGANIZATION'S NAME All In Credit Union	CITY	STATE	POSTAL CODE		
22. MAILING ADDRESS 3. SECURED PARTY'S NAME 3a. ORGANIZATION'S NAME All In Credit Union	CITY	STATE Secured Party name (3a or 3	POSTAL CODE		
3a. ORGANIZATION'S NAME All In Credit Union	CITY E (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one	STATE Secured Party name (3a or 3	POSTAL CODE	COUNTRY	

5. Check only if applicable and check	only one box: Collateral isheld i	n a Trust (see UCC1Ad, item 17 a	nd Instructions)	being administered by a De	cedent's Personal Representative
6a. Check only if applicable and check	only one box:			6b. Check only if applicable	e and check <u>only</u> one box:
Public-Finance Transaction	Manufactured-Home Trans	action A Debtor is a Trans	mitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if a	pplicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	г Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DA	ATA:	-	-		
73912724	AYOTTE			400069323	

UCC FINANCING STATEMENT ADDENDUM

be	ME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if lin	e 1b was left i	blank	ļ			
_	cause Individual Debtor name did not fit, check here						
	9a. ORGANIZATION'S NAME						
ŀ	-			1			
R I				l			
"`	95, INDIVIDUAL'S SURNAME AYOTTE						
ŀ	FIRST PERSONAL NAME			ł			
1	TYLER						
ı	ADDITIONAL NAME(SYINITIAL(S)		SUFFIX	1			
				THE A	BOVE SPACE	IS FOR FILING	OFFICE USE ON
	EBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or			line 1b or 2b o	f the Financing S	tatement (Form UCC	1) (use exact, full nar
ا	o not omit, modify, or abbreviate any part of the Debtor's name) and enter the ma 10a. ORGANIZATION'S NAME	illing address i	n line 100				
R	10b. INDIVIDUAL'S SURNAME						-
	INDIVIDUAL'S FIRST PERSONAL NAME						
ŀ	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				_		SUFFIX
1							
Oc.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
ı. [<u> </u>	R SECURE	D PARTY'S	NAME: Provid	de only <u>one</u> nam	e (11a or 11b)	
-	11a. ORGANIZATION'S NAME						
R	11b. INDIVIDUAL'S SURNAME	FIRST PERSO	ONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(s) Suffix
Ì							
- 1							
1c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
1c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
	MAILING ADDRESS DDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY			STATE	POSTAL CODE	COUNTRY
	`	CITY			STATE	POSTAL CODE	COUNTRY
	`	СПҮ			STATE	POSTAL CODE	COUNTRY
	`	СІТУ			STATE	POSTAL CODE	COUNTRY
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2. A	DDITIONAL SPACE FOR ITEM 4 (Collateral):	<u> </u>			STATE	POSTAL CODE	COUNTRY
2. A	DDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	a 14. This FIN		_			
2. A	DDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FIN	ers timber to be	cut 🔲 cov	STATE STATE		COUNTRY
3. <u>(</u> 2	DDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FIN		cut 🔲 cov			
3. (2 5. N	DDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) lame and address of a RECORD OWNER of real estate described in item 16	14. This FIN	ers timber to be ion of real esta	cut covere:	ers as-extracted	collateral ⊠ is fil	ed as a fixture filing
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Debtor: AYOTTE, TYLER

Exhibit for Real Estate

16. Description of real estate: Continued

DESCRIBED AS ALL OF LOT 9, POULSEN HOMES, ROY CITY, WEBER COUNTY, UTAH. AND DESCRIBED IN DOCUMENT NUMBER 3023199 DATED 12/13/2019 AND RECORDED 12/17/2019.