JCC FINANCING STATEMENT FOLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (optional)	МСВ	Andrea Utah C 2022 Apr 01 RECORDED FO	8:2022 PG 1 Allen County Reco 02:51 PM FEE 40.00 R Cottonwood Title LLY RECORDED	order O BY CH		
B. E-MAIL CONTACT AT FILER (optional)						
CONTROL AND						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  BANK OF UTAH  2605 WASHINGTON BLVD  OGDEN, UT 84401						
1 CT-155314-MCB						
		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
<ol> <li>DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exa name will not fit in line 1b, leave all of item 1 blank, check here and pi</li> </ol>	ot, full name; do not omit, modify, or abbreviate a ovide the Individual Debtor information in item 1					
1a. ORGANIZATION'S NAME RIVERS EDGE CONDOS, LLC						
DR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
ic. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
45 E CENTER ST STE 103	NORTH SALT LAKE	UT	84054	USA		
<ol> <li>DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use examane will not fit in line 2b, leave all of item 2 blank, check here and p</li> <li>ORGANIZATION'S NAME</li> </ol>	et, full name; do not omit, modify, or abbreviate a ovide the Individual Debtor information in item 1					
DR at AUDITORIA CURLANT						
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX		
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
B. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR  3a. ORGANIZATION'S NAME  BANK OF UTAH	SECURED PARTY): Provide only one Secured	Party name (3a or 3	b)			
DR 35. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	IAL NAME ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		
SS. INSTITUTE OF THE STATE OF T		STATE POSTAL CODE		1		
	CITY	STATE	POSTAL CODE	COUNTRY		
3c. MAILING ADDRESS 2605 WASHINGTON BLVD	OGDEN	STATE UT	POSTAL CODE 84401	COUNTRY		
3c. MAILING ADDRESS	OGDEN THER ANY OF THE FOREGOING	UT IS OWNED NO	84401 DW OR ACQUIRED I	USA LATER; ALL		
ALL FURNITURE, FIXTURES AND EQUIPMENT; WHET ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSRELATING TO ANY OF THE FOREGOING.  TN 44-992-0008 444-992-0009	OGDEN THER ANY OF THE FOREGOING	IS OWNED NOTHE FOREGOI	84401 DW OR ACQUIRED I	USA LATER; ALL DF ANY KIND		
ALL FURNITURE, FIXTURES AND EQUIPMENT; WHET ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSRELATING TO ANY OF THE FOREGOING.  THE 40-992-0008  40-992-0009	OGDEN THER ANY OF THE FOREGOING STITUTIONS RELATING TO ANY OF	UT  IS OWNED NOTHE FOREGOL	84401 DW OR ACQUIRED I NG; ALL RECORDS C	USA  LATER; ALL  F ANY KIND		
2605 WASHINGTON BLVD  4. COLLATERAL: This financing statement covers the following collateral:  ALL FURNITURE, FIXTURES AND EQUIPMENT; WHET ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSRELATING TO ANY OF THE FOREGOING.  THE FOREGOING.  4. COLLATERAL: This financing statement covers the following collateral:  ALL FURNITURE, FIXTURES AND EQUIPMENT; WHET ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSRELATING TO ANY OF THE FOREGOING.  THE FOREGOING.  4. COLLATERAL: This financing statement covers the following collateral:  ALL FURNITURE, FIXTURES AND EQUIPMENT; WHET ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSRELATING TO ANY OF THE FOREGOING.	Trust (see UCC1Ad, item 17 and Instructions)	B OWNED NOTHE FOREGOL    being administer     6b. Check only     Agriculture     Agriculture	ered by a Decedent's Persons if applicable and check only litural Lien Non-UCC	LATER; ALL OF ANY KIND  al Representative one box:		

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## UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme	nt; if line 1b was left blank					
9a. ORGANIZATION'S NAME						
RIVERS EDGE CONDOS, LLC						
96. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME						
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	TUE 420VE 2240E	10 FOR FILING OFFI	05 H05 0M V		
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor nan do not omit, modify, or abbreviate any part of the Debtor's name) and enter to the provided the provided that the provided the provided that the provided that the provided that t		THE ABOVE SPACE line 1b or 2b of the Financing				
10a. ORGANIZATION'S NAME						
10b. INDIVIDUAL'S SURNAME		<del></del>				
INDIVIDUAL'S FIRST PERSONAL NAME		**************************************	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		· · · · · · · · · · · · · · · · · · ·		SUFFIX		
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
ADDITIONAL SECURED PARTY'S NAME or ASSI  11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME	GNOR SECURED PARTY		DNAL NAME(S)/INITIAL(	S) SUFFIX		
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
B. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)		F		Sink and Siling		
This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	covers timber to be of the covers timber timber to be of the covers timber to be of the covers timber timb	cut covers as-extracted	, recorded Septen			