

Record at the request of and when recorded return to: Loanpal, LLC

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)	
B. E-MAIL CONTACT AT FILER (optional)	-
filings@loanpalsupport.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Loanpal, LLC	
PO Box 4387	
Portland, OR 97208	

ENT 44230:2020 PG 1 of 2 JEFFERY SMITH UTAH COUNTY RECORDER 2020 Apr 06 1:42 pm FEE 40.00 BY MA RECORDED FOR LOANPAL

	THE ABOV	/E SPACE IS FO	R FILING OFFICE USE	ONLY
 DEBTOR'S NAME: Provide only one Debtor name (1a name will not fit in line 1b, leave all of item 1 blank, check his 	or 1b) (use exact, full name; do not omit, modify, or abbreviate an	y part of the Debtor	's name); if any part of the I	ndividual Debtor
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUI		SUFFIX
Calderon	Lizzette	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1468 S 680 E	Orem	UT	84097-7724	USA
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		T	
	CHY	STATE	POSTAL CODE	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE	of ASSIGNOR SECURED PARTY): Provide only one Secured Pa	ady name (3a or 3h	\	
3a. ORGANIZATION'S NAME	,	(68 6) 68	<u>, </u>	
Loanpal, LLC				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
8781 Sierra College Boulevard	Roseville	CA	95746	USA
4. COLLATERAL: This financing statement covers the follow	ing collateral:		1	

All of the debtor's right, title and interest in the Photovoltaic Solar Energy Equipment or Energy Storage/Battery Equipment (If any), including but not limited to rooftop solar panels, solar roofing materials, wall mounted batteries, stand alone batteries, inverters, cables and wires, support brackets, roof mounted or ground mounted racking systems, related equipment, and additions or replacements of the same. In addition, the security interest includes all warranties issued with respect to the referenced collateral.

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 X Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
Acct # 1916014798	

INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) BTOR'S NAME: Provide (10a or 10b) only one additional of omit, modify, or abbreviate any part of the Debtor's name).	SUFFIX			
alderon FIRST PERSONAL NAME IZZETTE ADDITIONAL NAME(S)/INITIAL(S) BTOR'S NAME: Provide (10a or 10b) only one additional	SUFFIX			
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ADDITIONAL NAME(S)/INITIAL(S) BTOR'S NAME: Provide (10a or 10b) only one additional	SUFFIX			
BTOR'S NAME: Provide (10a or 10b) only one additional lot omit, modify, or abbreviate any part of the Debtor's name).				
any part of the Deptot's name).	Debtor name or Debtor name that did not fit in line th	HE ABOVE SPACE or 2b of the Financing :	IS FOR FILING OFFICE Statement (Form UCC1) (use	USE ONLY
ORGANIZATION'S NAME	and enter the mailing address in line 10c			
INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
LING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
ADDITIONAL SECURED PARTY'S NAME QI ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY'S NAM	E: Provide only <u>one</u> ne	ame (11a or 11b)	
INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
LING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
TIONAL SPACE FOR ITEM 4 (Colleges)				
	covers timber to be cut	covers as-extracted c	collateral 💢 is filed as a	fixture filing
tor does not have a record interest):				
Carderon	Address of	Orem, UT, 84097-7	724	
	APN: 55013005 LOT 5, BLK 4, WESTERN M			
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) LING ADDRESS ADDITIONAL SECURED PARTY'S NAME QI ORGANIZATION'S NAME INDIVIDUAL'S SURNAME LING ADDRESS TIONAL SPACE FOR ITEM 4 (Collateral): TIONAL SPACE FOR ITEM 4 (Collateral): TIONAL SPACE FOR ITEM 4 (Collateral): THE PROPERTY OF THE	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) LING ADDRESS CITY ASSIGNOR SECURED PARTY'S NAME ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME LING ADDRESS CITY TIONAL SPACE FOR ITEM 4 (Collateral): TIONAL SPACE FOR ITEM 4 (Collateral)	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) LING ADDRESS CITY STATE ASSIGNOR SECURED PARTY'S NAME: Provide only one not of control only one not o	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) ING ADDRESS CITY STATE POSTAL CODE ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ORGANIZATION'S NAME INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE TIONAL SPACE FOR ITEM 4 (Collateral): TIONAL SPACE FOR ITEM 5 (or executed (or recorded) in time 10 covers surface to be cut covers as extracted collateral in its filed as a lor rodes not have a record interest): Calderon County of: UTAH Address 680 E, Orem, UT, 84097-7724 APN: \$50130052