

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

· · · · · · · · · · · · · · · · · · ·				
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141				
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	47843 - BrightOak			
Lien Solutions P.O. Box 29071	86646490			
Glendale, CA 91209-9071	UTUT			
1	FIXTURE			
File with: Utah, UT				



ENT 61622:2022 PG 1 of 3 ANDREA ALLEN UTAH COUNTY RECORDER 2022 May 20 10:35 am FEE 40.00 BY KR RECORDED FOR LIEN SOLUTIONS

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name will not fit in line 1b, leave all of item 1 blank, check h	ere and provide the Individual Debtor information in item 1	0 of the Financing Sta	atement Addendum (Form	OCC IAG)		
1a. ORGANIZATION'S NAME						
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(SYINITIAL(S)			
Mendoza Fuentes	Armando	İ				
MAILING ADDRESS	CITY	STATE	STATE POSTAL CODE			
64 w Rocky Creek way	Saratoga Springs	UT	84045	USA		
EBTOR'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 Debt		
ame will not fit in line 2b, leave all of item 2 blank, check he	ere and provide the Individual Debtor information in item 1	0 of the Financing Sta	atement Addendum (Form	UCC1Ad)		
2a. ORGANIZATION'S NAME						
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX		
MAILING ADDRESS		STATE	POSTAL CODE			
MAILING ADDRESS	СІТҮ	STATE	POSTAL CODE			
MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE	СІТҮ	STATE	POSTAL CODE			
MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE 32. ORGANIZATION'S NAME BrightOak	СІТҮ	STATE	POSTAL CODE			
MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE 3a. ORGANIZATION'S NAME BrightOak	CITY E of ASSIGNOR SECURED PARTY): Provide only one Secured	STATE	POSTAL CODE	COUNTRY		
MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE 3a. ORGANIZATION'S NAME BrightOak	CITY E of ASSIGNOR SECURED PARTY): Provide only one Secured	STATE	POSTAL CODE	COUNTRY		

further described in legal description, including without limitation all modules, inverters, racking, monitoring systems, DAS, combiner boxes, switches, weather stations, meters, wires, connections, spare parts, hardware and tooling and all general intangibles, contracts, warranty rights, manuals, books,

records and other rights related to the Solar Equipment and all proceeds, products, and replacements thereof.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Inst	ructions)	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 Transaction A Debtor is a Transmitting	Utility	Agricultural Lien	Non-UCC Filling
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:			
86646490 5604250			

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

UCC FINANCING STATEMENT ADDENDUM

FOL	LOW INSTRUCTIONS			_			
	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if lin	e 1b was left t	olank				
because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME				-			
	ou ordered hand						
OR	OR 9b. INDIVIDUAL'S SURNAME						
	Mendoza Fuentes						
	FIRST PERSONAL NAME						
	Armando						
	ADDITIONAL NAME(S)INITIAL(S)		SUFFIX	1			
				THE ABOVI	E SPACE	E IS FOR FILING OFFI	CE USE ONLY
10, [DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or	Debtor name t	hat did not fit in	line 1b or 2b of the F	inancing S	tatement (Form UCC1) (use	e exact, full name:
	o not omit, modify, or abbreviate any part of the Debtor's name) and enter the ma				J	, , , ,	
	10a. ORGANIZATION'S NAME			•			
00							
OR	10b. INDIVIDUAL'S SURNAME						
		 	<u>,</u>				
	INDIVIDUAL'S FIRST PERSONAL NAME						
	ALDER BUILD ADDITIONAL MARKET ON THE LEGISLATION						Louisen
	INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)						SUFFIX
100	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
		"			1		
11.	ADDITIONAL SECURED PARTY'S NAME OF ASSIGNO	D SECURE	D DADTVIC	NAME: Provide only		- (44 44b)	
	11a. ORGANIZATION'S NAME	IN SECONE	DFARITSI	NAME: Provide only	one nam	e (Tra or Trb)	
	·						
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME		ADDITIO	NAL NAME(S)INITIAL(S)	SUFFIX
		}					
11c	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
		1			1		
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):				-	•	
	7	laa mii suu					
13.	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	1 —					
15	Name and address of a RECORD OWNER of real estate described in item 16		ers timber to be		extracted	collateral X is filed as a	a fixture filing
	if Debtor does not have a record interest):	16. Description of real estate: Parcel ID:					
Ar	mando Mendoza-Fuentes	49-677-0008					
		49-07	7-0000				
			4400 0	01 IT 4 IL IE 6			050/5
	LOT 11108, CONTAINED WITHIN THE PRESERVE						
	PLAT 11-1 AT THE VILLAGE OF FOX HOLLOW						
	NEIGHBORHOOD 11, AS THE SAME IS IDENTIFIE						
		IN TH	E RECO	RD OF SU	RVE	MAP RECOF	RDED IN
		UTAH	COUNT	Y, UTAH, (A NC	UGUST 24, 20	07, AS
		[See Ex	hibit for Re	al Estate]		•	
17.	MISCELLANEOUS: 86646490-UT-49 47843 - BrightOak Bright	Oak		File with: Utah, UT	5604250		

Debtor: Mendoza Fuentes, Armando

Exhibit for Real Estate

Continued

16. Description of real estate:

ENTRY NO. 124953:2007, AND IN THE MASTER DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED FEBRUARY 13, 2006, AS ENTRY NO. 17294:2006 (AS SAID MAP AND DECLARATION MAY HERETOFORE BE AMENDED AND/OR SUPPLEMENTED). \line \line TOGETHER WITH A NON-EXCLUSIVE EASEMENT OF USE AND ENJOYMENT IN AND TO THE PROJECTS COMMON AREAS AND FACILITIES AS DEFINED AND PROVIDED FOR IN SAID MAP AND DECLARATION. APN No: 49-677-0008