UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Connie Sorenson (801) 747-7713 1047299 B. EMAIL CONTACT AT FILER (optional) csorenson@medallionbank.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) MEDALLION BANK 1100 EAST 6600 SOUTH, SUITE 510 Shelby Cnty Judge of Probate, AL 11/15/2019 11:30:37 AM FILED/CERT SALT LAKE CITY, UT 84121 FILED IN: SHELBY, AL THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here 🔲 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME OR 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Makofski Dawn 1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 320 Cromwell Maylene 35114 USA |AL 2. DEBTOR'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 Debtor's name will not fit in line 2b, leave all of item 2 blank, check here 🔲 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Makofski Jeff 2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 320 Cromwell Maylene 35114 USA **I**AL 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME OR MEDALLION BANK 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS CITY POSTAL CODE STATE COUNTRY 1100 EAST 6600 SOUTH, STE 510 SALT LAKE CITY UT 84121 IUSA 4. COLLATERAL: This financing statement covers the following collateral: inground pool - Fixture Filing THE FOLLOWING PROPERTY IS SITUATED IN MAYLENE, COUNTY OF SHELBY, STATE OF ALABAMA TO WIT: CEDAR GROVE AT STERLING GATE SEC 2 PH 12B MB/MP 39/092 LOT 354 SEC 03 T21 R3W ALABASTER TWP PROPERTY ADDRESS: 320 CROMWELL, MAYLENE, AL 35114 PARCEL ID#:23-2-03-2-005-055-000 TOTAL VALUE OF COLLATERAL FOR AL RECORDATION TAX IS \$51500.00 held in a Trust (see UCC1Ad, item 17 and Instructions) 5. Check only if applicable and check only one box : Collateral is being administered by a Decedent's Personal Representative 6a. Check only if applicable and check only 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 Consignee/Consignor Seller/Buyer 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Bailee/Bailor Licensee/Licensor OPTIONAL FILER REFERENCE DATA:

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financir	ng Statement; if line 1b was left blank			
because individual Debtor name did not fit, check here				
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10b. INDIVIDUAL'S SURNAME	•		· ·	
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11b. INDIVIDUAL'S SURNAME .	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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