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| **UCC FINANCING STATEMENT**  FOLLOW INSTRUCTIONS | |
| A. NAME & PHONE OF CONTACT AT FILER (optional) | | | | | **THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY** | | | | | | |
| B. E-MAIL CONTACT AT FILER (optional) | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)   |  | | --- | |  | | | | | |
| 1. 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) | | | | | | | | | | | |
| OR | 1a. ORGANIZATION'S NAME  {Deal\_\_r.Borrower\_Entity\_\_r.Name} | | | | | | | | | | |
| 1b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | | | | ADDITIONAL NAME(S) INITIAL(S) | | SUFFIX | | |
| 1c. MAILING ADDRESS {Deal\_\_r.Borrower\_Entity\_\_r.Address\_1\_\_c} | | | CITY  {Deal\_\_r.Borrower\_Entity\_\_r.City\_\_c} | | | | STATE  {Deal\_\_r.Borrower\_Entity\_\_r.State\_\_c} | POSTAL CODE  {Deal\_\_r.Borrower\_Entity\_\_r.Zip\_\_c} | COUNTRY  USA | | |
| 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) | | | | | | | | | | | |
| OR | 2a. ORGANIZATION'S NAME | | | | | | | | | | |
| 2b. INDIVIDUAL'S SURNAME | | | FIRST PERSONAL NAME | | | ADDITIONAL NAME(S) INITIAL(S) | | | SUFFIX | |
| 2c. MAILING ADDRESS | | | CITY | | | | STATE | POSTAL CODE | COUNTRY | | |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one secured party name (3a or 3b) | | | | | | | | | | | |
| OR | 3a. ORGANIZATION'S NAME  CoreVest American Finance Lender LLC, a Delaware limited liability company | | | | | | | | | | |
| 3b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | | | | ADDITIONAL NAME(S) INITIAL(S) | | | SUFFIX | |
| 3c. MAILING ADDRESS  4 Park Plaza, Suite 900 | | | CITY  Irvine | | | | STATE  CA | POSTAL CODE  92614 | | | COUNTRY  USA |
| 4. COLLATERAL This financing statement covers the following collateral:  All assets and personal property of Debtor, whether now owned or hereafter acquired, and all products and proceeds thereof and additions and accessions thereto. | | | | | | | | | | | |
| 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 only if applicable and check only one box:  Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility | | | | | | 6b. Check only if applicable and check only one box:  Agricultural Lien  Non-UCC Filing | | | | | |
| 7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor | | | | | | | | | | | |
| 8. OPTIONAL FILER REFERENCE DATA  SOS Loan No. | | | | | | | | | | | |

**FILING OFFICE COPY** ⎯⎯ NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 04/20/11)