JCC FINANCING STATEMENT		DOUGLAS COUNTY, NV 2023-1001931 Rec:\$60.00 \$60.00 Pgs=2 11/02/2023 08:23 AM CORPORATION SERVICE COMPANY (UCC) SHAWNYNE GARREN, RECORDER			
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294 B. E-MAIL CONTACT AT SUBMITTER (optional)					
SEE BELOW FOR SECURED PARTY CONTACT INFOR				OR FILING OFFICE USE	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, f not fit in line 1b, leave all of item 1 blank, check here and provide the provided in the provided	ull name; do not omit, modify, or abb vide the Individual Debtor information				al Debtor's name wil
1a. ORGANIZATION'S NAME OR			1		
15. INDIVIDUAL'S SURNAME FISHER	FIRST PERSONAL NAME SHAUN)	ADDITIO L	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 1020 RIDGEVIEW CT	CARSON CITY		STATE NV	POSTAL CODE 89705-8054	COUNTRY
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 2c. MAILING ADDRESS 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE 3a. ORGANIZATION'S NAME Aqua Finance, Inc. OR 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS One Corporate Drive Suite 300 4. COLLATERAL: This financing statement covers the following collateral: WATER TREATMENT SYSTEM	FIRST PERSONAL NAME CITY FIRST PERSONAL NAME CITY Wausau	Secured Party nar	STATE ne (3a or 3b)	NAL NAME(S)/INITIAL(S) POSTAL CODE NAL NAME(S)/INITIAL(S) POSTAL CODE 54401	SUFFIX COUNTRY SUFFIX COUNTRY USA
5. Check only if applicable and check only one box: Collateral is held in a 1	rust (see UCC1Ad, item 17 and Inst	ructions)	being administe	red by a Decedent's Persona	al Representative
6a. Check only if applicable and check only one box:			Sb. Check <u>only</u> i	f applicable and check <u>only</u> o	one box:
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	A Debtor is a Transmitt Consignee/Consignor	ing Utility Seller/Buyer		tural Lien Non-UC	C Filing ensee/Licensor

2683 50210

8. OPTIONAL FILER REFERENCE DATA: AAAX406734996

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

ADDITIONAL NAME(S)/INITIAL(S) L THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME Provide (100 or 100) only one poolitional Debtor name or Debtor name thigh did not fit in the 10 or 2b of the Financing Statement (Porm UCC1) (use exact, All name: do not omit, morthly, or adversable any part of the Debtor's name) and writer the mailing address in line 10c 100. INDIVIDUAL'S SURVAME OR 100. INDIVIDUAL'S SURVAME INDIVIDUAL'S SURVAME INDIVIDUAL'S SURVAME OR 111. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11s or 11b) 111. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11s or 11b) 112. MAILING ADDRESS OR 113. INDIVIDUAL'S SURVAME INDIV	9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME OR 9b. INDIVIDUAL'S SURNAME FISHER FIRST PERSONAL NAME SHAUN			
10. DETOR'S NAME. Provide rick or intitional positional Design name or Design name traplish not fit in line 15 or 26 of the Filipancing Statement (Form UCC1) (use elacd, full name), do not onlin, modify, or abbreviate any part of the Debtor's name) and enter the mailing address if line 10c 10c. ORGANIZATION'S NAME	1,	SUFFIX	THE ADOVE SPACE IS FOR EILING	OFFICE USE ONLY
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10c. MAILING ADDRESS	OR 10b. INDIVIDUAL'S SURNAME)]	
10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11. □ ADDITIONAL SECURED PARTY'S NAME or □ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11s or 11b) 11a. □ GRGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. □ This FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: □ covers survival covers as-extracted collateral □ covers survival covers as-extracted collateral □ to select size RECORDS (if applicable) 15. Name and caddress of a RECORD OWNER of real estate described in tem 16 (b. Description of real estate: 16. Description of real estate: 17. CARSON CITY, NV 89705-8054 18. □ COUNTRY 19. STATE POSTAL CODE COUNTRY 14. This FINANCING STATEMENT: □ covers size extracted collateral □ covers as-extracted collateral □ to ever survival covers as-extracted collateral □ covers size extracted collateral □ covers size extracted collateral □ covers as-extracted collateral □ covers size extracted co	INDIVIDUAL'S FIRST PERSONAL NAME		//	
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11. □ ADDITIONAL SECURED PARTY'S NAME or □ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. ☑ This FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 15. Name and address of a RECORD OWNER of real estate described in Item 16 (if Debtor does not have a secord interest): SHAUN L'EISHER 1020 RIDGEVIEW CT CARSON CITY, NV 89705-8054 COUNTY DOUGLAS COUNTY Parcel Number 1420-08-214-002 Legal Description Details Lot Number: 1 Block: K Subdivision Name: SUNRIDGE HEIGHTS PH 5A Sec/Twn/Rng/Mer: SEC 08 TWN 1 RNG 202 Brief Description: LOT:1 BLK: K SUBD:SUNRIDGE HEIGHTS PH 5A SEC/TWN/RNG/MER:SEC 08		_ / / .		
11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) 15. Name and address of a RECORD OWNER of real estate described in Item 16 (if Debtod does not have a record interest): SHAUN L FISHER 1020 RIDGEVIEW CT CARSON CITY, NV 89705-8054 COUNTY DOUGLAS COUNTY Parcel Number 1420-08-214-002 Legal Description Details Lot Number: 1 Block: K Subdivision Name: SUNRIDGE HEIGHTS PH 5A SEC/TWN/RNg/Mer: SEC 08 TWN 14N RNG 20E Brief Description: LOT: 1 BLK:K SUBD:SUNRIDGE HEIGHTS PH 5A SEC/TWN/RNG/MER: SEC 08	10c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
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