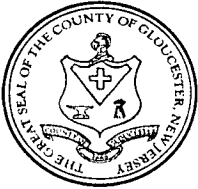
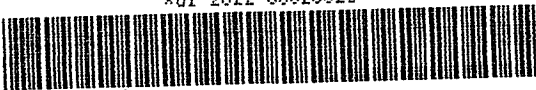


Gloucester County Recording Data Page Honorable James N. Hogan Gloucester County Clerk 	Official Use Only – Barcode *61 2022 00020026*  Docket: 00020026 Type:UCC Pages: James N. Hogan, Gloucester County Clerk Receipt#:1058347 02:00:06P Jul 25, 2022 Recording Fee: 25.00
Official Use Only – Record & Return	Official Use Only – Realty Transfer Fee
Date of Document: 07/19/2022	Type of Document: UCC FIXTURE FILING
First Party Name: CRINITI ANTHONY N	Second Party Name: SECURED PARTY: MEDALLION BANK
Additional Parties:	

THE FOLLOWING SECTION IS REQUIRED FOR DEEDS ONLY	
Block:	Lot:
Municipality:	
Consideration:	
Mailing Address of Grantee:	

THE FOLLOWING SECTION IS FOR ORIGINAL MORTGAGE BOOKING & PAGING INFORMATION FOR ASSIGNMENTS, RELEASES, SATISFACTIONS, DISCHARGES & OTHER ORIGINAL MORTGAGE AGREEMENTS ONLY	
Original Book: 6290	Original Page: 50

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)	
Connie Sorenson (801) 747-7713	1400919
B. EMAIL CONTACT AT FILER (optional)	
csorenson@medallionbank.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
MEDALLION BANK 1100 EAST 6600 SOUTH, SUITE 510 SALT LAKE CITY, UT 84121 FILED IN: GLOUCESTER, NJ	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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)

1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
Criniti	Anthony	N		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
45 Hunters Creek Cir	Mullica Hill	NJ	08062	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)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
				USA

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				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1100 EAST 6600 SOUTH, STE 510	SALT LAKE CITY	UT	84121	USA

4. **COLLATERAL:** This financing statement covers the following collateral:

Pool - Fixture Filing

THE FOLLOWING PROPERTY IS SITUATED IN MULICA HILL, COUNTY OF GLOUCESTER, STATE OF NEW JERSEY TO WIT: BLK 31.02 LOT 24 SUB HUNTERS CRK DEED 6290-50 PROPERTY ADDRESS: 45 HUNTERS CREEK CIR, MULICA HILL, NJ 08062 PARCEL ID#: 08-00031-02-00024 ALT APN: 08-00031-0002-00024

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 ☐ Agricultural Lien ☐ Non-UCC Filing

6b. Check only if applicable and check only one box:

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank

because individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME

Criniti

FIRST PERSONAL NAME

Anthony

ADDITIONAL NAME(S)/INITIAL(S)

N

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

USA

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

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)

14. This FINANCING STATEMENT:

☐ covers timber to be cut☐ covers as-extracted collateral☒ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

Owners: Anthony N Criniti

16. Description of real estate:

THE FOLLOWING PROPERTY IS SITUATED IN MULLICA HILL, COUNTY OF GLOUCESTER, STATE OF NEW JERSEY TO WIT: BLK 31.02 LOT 24 SUB HUNTERS CRK DEED 6290-50 PROPERTY ADDRESS: 45 HUNTERS CREEK CIR, MULLICA HILL, NJ 08062 PARCEL ID#: 08-00031-02-00024 ALT APN: 08-00031-0002-00024

17. MISCELLANEOUS: