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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@woltd	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	23974 - SOLARCITY
CT Lien Solutions P.O. Box 29071	49464001
Glendale, CA 91209-9071	NVNV
1	FIXTURE
File with: Douglas, NV	

DOUGLAS COUNTY, NV

Rec:\$92.00 Total:\$92.00 2015-868650

08/25/2015 11:45 AM

CT LIEN SOLUTIONS

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KAREN ELLISON, RECORDER

THE ABOVE SPACE IS F	OR FILING	OFFICE	USE ONLY
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1. DEBTOR'S NAME: Provide only one Debtor name (1a name will not fit in line 1b, leave all of item 1 blank, check he	or 1b) (use exact, full name; do not omit, modify, or abbreviate any partere and provide the Individual Debtor information in item 10 of the			794
1a. ORGANIZATION'S NAME	ere and provide the individual perior information in item to of the	Financing Si	alement Addendum (Form	UCCIAd)
OR 1b. INDIVIDUAL'S SURNAME Lasarow	FIRST PERSONAL NAME Jeraid	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	I POSTAL CODE	COUNTRY
351 JAMES CANYON LOOP	GENOA	NV	89411	USA
	or 2b) (use exact, full name; do not omit, modify, or abbreviate any partere and provide the Individual Debtor information in item 10 of the	40"		
DR 25. INDIVIDUAL'S SURNAME HANSEN	FIRST PERSONAL NAME LYNNE	ADDITIO D	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 351 JAMES CANYON LOOP	GENOA	STATE	POSTAL CODE 89411	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE 3a. ORGANIZATION'S NAME SOLARCITY CORPORATION	of ASSIGNOR SECURED PARTY): Provide only one Secured Party n	ame (3a or 3	3b)	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 3055 CLEARVIEW WAY	CITY	STATE	POSTAL CODE	COUNTRY
4 COLLATERAL: This financing statement cover the follows	SAN MATEO	CA	94402	USA

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 <u>only</u> if applicable and check <u>only</u> 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

All energy generation systems and associated components at any time provided by SolarCity Corporation to Debtor. The Secured Party is not taking a security interest in the real property (except solely to the extent the foregoing is a fixture). The Secured Party's only security interest is in the specific

8. OPTIONAL FILER REFERENCE DATA:

collateral described in this section.

49464001 JB-897010-00 Lasarow, Jerald

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor

0792 Reno

Bailee/Bailor

Seller/Buyer

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

Licensee/Licensor

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS				Λ	
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if lin because Individual Debtor name did not fit, check here	e 1b was left blank				
9a. ORGANIZATION'S NAME				\ \	
				\ \	
OR 9b. INDIVIDUAL'S SURNAME				\ \	
Lasarow				\ \	
FIRST PERSONAL NAME			-		
Jerald				- 1	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		-	"	1
				IS FOR FILING OFFIC	_
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or		ine 1b or 2b of the Fin	ancing S	tatement (Form UCC1) (use	exact, full name;
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the ma	alling address in line 10c		_		$\overline{}$
JERALD M LASAROW AND LYNNE D HANSEN REVO	CABLE TRUST	1	\		
OR 10b. INDIVIDUAL'S SURNAME	\leftarrow		-		$\overline{}$
)			•
INDIVIDUAL'S FIRST PERSONAL NAME			/		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
351 JAMES CANYON LOOP	GENOA		NV	89411	USA
	OR SECURED PARTY'S N	IAME: Provide only			LOOK
11a. ORGANIZATION'S NAME			W	· · · · · · · · · · · · · · · · · · ·	
OR THE INDUSTRIAL SCHOOLS		1	- 3		
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	/	ADDITIO	NAL 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)	l —	_		-	
15. Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be of 16. Description of real estate		xtracted	collateral X is filed as a	fixture filing
(if Debtor does not have a record interest):	To. Description of fear estate	•			
Jeraid M Lasarow	A PARCEL OF	LANDLOC	ATE	D IN THE STA	TE OF
351 JAMES CANYON LOOP	NEVADA, COL	-			
GENOA, NV 89411	ADDRESS OF				
	NV CURRENT				
	(TE) & HANSE				
	ASSESSOR N				
	DESCRIBED II				
	See Exhibit for Rea			1011106111212	JU20
17. MISCELLANEOUS: 49464001-NV-5 23974 - SOLARCITY SOLAR	RCITY CORPORATION	File with: Douglas, NV	JB-89	7010-00 Lasarow, Jerald 0792	Reno

Debtor: Lasarow, Jerald

Exhibit for Real Estate

