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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

3c. MAILING ADDRESS

3055 CLEARVIEW WAY

collateral described in this section.

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

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@wolt	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	23974 - SOLARCITY
CT Lien Solutions P.O. Box 29071	49478031
Glendale, CA 91209-9071	NVNV
	FIXTURE
File with: Douglas, NV	

DOUGLAS COUNTY, NV

Rec:\$90.00 Total:\$90.00 2015-868699

08/26/2015 11:57 AM

CT LIEN SOLUTIONS

Pgs=3



00021189201508686990030036

KAREN ELLISON, RECORDER

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

POSTAL CODE

94402

STATE

CA

		1b) (use exact, full name; do not omit, modify, or abbreviate any part of t and provide the Individual Debtor information in item 10 of the Fina					
	1a. ORGANIZATION'S NAME	NAME					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
	Hoblitt	David	G				
1c.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
89	03 VISTA PARK DR	CARSON CITY	NV	89705	USA		
		2b) (use exact, full name; do not omit, modify, or abbreviate any part of t and provide the Individual Debtor information in item 10 of the Final	ancing Sta				
	Hoblitt	D	G				
2c.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
89	93 VISTA PARK DR	CARSON CITY	ΝV	89705	USA		
3. S	ECURED PARTY'S NAME (or NAME of ASSIGNEE of	FASSIGNOR SECURED PARTY): Provide only one Secured Party name	e (3a or 3	b)			
	3a. ORGANIZATION'S NAME: SOLARCITY CORPORATION		ω"				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX		

CITY

SAN MATEO

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

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5. Check only if applicable and check	only one box: Collateral is held in a Tre	ust (see UCC1Ad, item 17 and	d Instructions)	being administered by a Dec	cedent's Personal Representative
6a. Check only if applicable and chec	k <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 Transm	nitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if	applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE D 49478031	ATA: JB-897066-00 Hoblitt, D.G	-		0792 Reno	

COUNTRY

USA

UCC FINANCING STATEMENT ADDENDUM

11. ADDITIONAL SECURED PARTY'S NAME OF 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	9. NAME (s line 1a or 1b on Financing Statement; if li	ne 1b was left blank	7		\wedge	
OR 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit line to or 20 of the Financing Statement (From UCCT) (use exact, fill do not fit not fit or 20 of the Financing Statement (From UCCT) (use exact, fill do not fit not fit or 20 of the Financing Statement (From UCCT) (use exact, fill do not fit not fit or 20 of the Financing Statement (From UCCT) (use exact, fill not not fit not fit or 20 of the Financing Statement (From UCCT) (use exact, fill not not fit not fit or 20 of the Financing Statement (From UCCT) (use exact, fill not not fit not fit or 20 of the Financing Statement (From UCCT) (use exact, fill not not fit not fit or 20 of the Financing Statement (From UCCT) (use exact, fill not not fit not fit not fit or 20 of the Financing Statement (From UCCT) (use exact, fill not not fit not fit or 20 of the Financing Statement (From UCCT) (use exact, fill not not fit not fit not fit not fit or 20 of the Financing Statement (From UCCT) (use exact, fill not fit not			not fit, check here		_		\ \	
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10. DEBTOR'S NAME: Provide (10s or 10b) only one additional Debtor name or Debtor name that foil not fit in line 1b or 2b of the Financing Statement (Form UCCT) (use exact, full did not conit, modify, or abbroviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ROMANIZATION'S NAME	G				THEA	BOVE SPACE	IS FOR FILING O	FFICE USE ONLY
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(if Debtor does not have a record interest): DAVID G HOBLITT 893 VISTA PARK DR CARSON CITY, NV 89705 A PARCEL OF LAND LOCATED IN THE STATE OF NV, COUNTY OF DOUGLAS, WITH A SITUS ADDRESS OF 893 VISTA PARK DR, CARSON CIT NV 89705-6893 C055 CURRENTLY OWNED BY HOBLITT DAVID G HAVING A TAX ASSESSOR NUMBER OF 1420-07-115-011 AND DESCRIBED ID DOCUMENT NUMBER 1111-5929 DATED	RE	EAL ESTATE RECORDS (if a	applicable)	covers timber t	o be cut 🔲 cov	ers as-extracted	collateral 🔀 is filed	as a fixture filing
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DOCUMENT NUMBER 1111-5929 DATED				1				
[See Exhibit for Real Estate]						R 1111-5	929 DATED)
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17. MISCELLANEOUS: 49478031-NV-5 23974 - SOLARCITY SOLARCITY CORPORATION File with: Douglas, NV JB-897066-00 Hoblitt, D.G 0792 Reno	17 MISC	ELLANEOUS: 49478031-NV-5	23974 - SOLARCITY SOL	ARCITY CORPORATION	File with: Doug	las, NV JB-89	7066-00 Hoblitt, D.G 07	92 Reno

Debtor: Hoblitt, David, G

Exhibit for Real Estate

