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KAREN ELLISON, RECORDER

**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@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 23974 - SOLARCITY

CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	50646185  NVNV FIXTURE
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File with: Douglas, NV

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 DOBBS		FIRST PERSONAL NAME MATTHEW	ADDITIONAL NAME(S)/INITIAL(S) A	SUFFIX SR
1c. MAILING ADDRESS 1383 LEONARD RD		CITY GARDNERVILLE	STATE NV	POSTAL CODE 89410	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)

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S SURNAME DOBBS		FIRST PERSONAL NAME MICHELLE	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 1383 LEONARD RD		CITY GARDNERVILLE	STATE NV	POSTAL CODE 89410	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 SOLARCITY CORPORATION					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 3055 CLEARVIEW WAY		CITY SAN MATEO	STATE CA	POSTAL CODE 94402	COUNTRY USA

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

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 collateral described in this section.

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/Licenser

8. OPTIONAL FILER REFERENCE DATA:  
 50646185 JB-894311-00 Dobbs, Mathew 0792 Reno

# 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	DOBBS
FIRST PERSONAL NAME	MATTHEW
ADDITIONAL NAME(S)/INITIAL(S)	A
SUFFIX	SR

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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

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):

MATTHEW A DOBBS SR  
1383 LEONARD RD  
GARDNERVILLE, NV 89460

16. Description of real estate:

A PARCEL OF LAND LOCATED IN THE STATE OF NV, COUNTY OF DOUGLAS, WITH A SITUS ADDRESS OF 1383 LEONARD RD, GARDNERVILLE NV 89460-8333 H006 CURRENTLY OWNED BY DOBBS MATTHEW A SR & DOBBS MICHELLE HAVING A TAX ASSESSOR NUMBER OF 1220-21-710-127.

17. MISCELLANEOUS: 50646185-NV-5 23974 - SOLARCITY

SOLARCITY CORPORATION

File with: Douglas, NV

JB-894311-00 Dobbs, Mathew 0792 Reno