

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@wolto	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	23974 - SOLARCITY
CT Lien Solutions P.O. Box 29071	50646052
Glendale, CA 91209-9071	NVNV
1	FIXTURE
File with: Douglas, NV	

DOUGLAS COUNTY, NV

Rec:\$92.00 Total:\$92.00

10/07/2015 12:39 PM

2015-870788

CT LIEN SOLUTIONS

Pgs=3



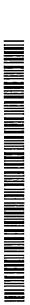
KAREN ELLISON, RECORDER

THE ABOVE	SPACE IS	FOR FILING	OFFICE	USE ONLY
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-	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use ex		7%		76
	1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S SURNAME MOORE	FIRST PERSONAL NAME CHARLES	ADDITION K	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. I	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
16	05 JONES ST	MINDEN	NV	89423	USA
	EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use ex ame will not fit in line 2b, leave all of item 2 blank, check here and p		35		
	2a, ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME MOORE	FIRST PERSONAL NAME DEBORAH	ADDITION W	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. l	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
_16	605 JONES ST	MINDEN	NV	89423	USA
3. S	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO	R SECURED PARTY): Provide only one Secured	Party name (3a or 3	b)	
	39. ORGANIZATION'S NAME SOLARCITY CORPORATION	/ /			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
30	055 CLEARVIEW WAY	SAN MATEO	CA	94402	USA
4. C	OLLATERAL: 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:			6b. Check only if applicable a	and check <u>only</u> one box:
Public-Finance Transaction	Manufactured-Home Transaction	A Debtor is a Transm	itting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if a	oplicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	r X Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:					
50646052	JB-894325-00 Moore, Chuck			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 MOORE FIRST PERSONAL NAME **CHARLES** ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Κ 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 Moore INDIVIDUAL'S FIRST PERSONAL NAME Debbie INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) SUFFIX 10c. MAILING ADDRESS POSTAL CODE STATE COUNTRY CITY 1605 JONES ST MINDEN USA ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS POSTAL CODE CITY STATE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) 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 16. Description of real estate: (if Debtor does not have a record interest): **DEBORAH W MOORE** A PARCEL OF LAND LOCATED IN THE STATE OF 1605 JONES ST NV. COUNTY OF DOUGLAS. WITH A SITUS MINDEN, NV 89423 ADDRESS OF 1605 JONES ST. MINDEN NV 89423-8030 H005 CURRENTLY OWNED BY MOORE CHARLES K & MOORE DEBORAH W HAVING A **TAX ASSESSOR NUMBER OF 1420-35-310-014** AND DESCRIBED IN DOCUMENT NUMBER [See Exhibit for Real Estate] JB-894325-00 Moore, Chuck 0792 Reno 17. MISCELLANEOUS: 50646052-NV-5 23974 - SOLARCITY SOLARCITY CORPORATION File with; Douglas, NV

Debtor: MOORE, CHARLES, K

Exhibit for Real Estate

16. Description of real estate: Continued

