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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	50646261 NVNV FIXTURE
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 NOWOSAD		FIRST PERSONAL NAME WALTER	ADDITIONAL NAME(S)/INITIAL(S) M	SUFFIX	
1c. MAILING ADDRESS 1037 HAYSTACK DR			CITY CARSON CITY	STATE NV	POSTAL CODE 89705	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 NOWOSAD		FIRST PERSONAL NAME NADINE	ADDITIONAL NAME(S)/INITIAL(S) J	SUFFIX	
2c. MAILING ADDRESS 1037 HAYSTACK DR			CITY CARSON CITY	STATE NV	POSTAL CODE 89705	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/Licensors

8. OPTIONAL FILER REFERENCE DATA:

50646261

JB-897080-00 Nowosad, Walter

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

NOWOSAD

FIRST PERSONAL NAME

WALTER

ADDITIONAL NAME(S)/INITIAL(S)

M

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

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):

WALTER M NOWOSAD
1037 HAYSTACK DR
CARSON CITY, NV 89705

16. Description of real estate:

A PARCEL OF LAND LOCATED IN THE STATE OF NV, COUNTY OF DOUGLAS, WITH A SITUS ADDRESS OF 1037 HAYSTACK DR, CARSON CITY NV 89705-8068 C043 CURRENTLY OWNED BY NOWOSAD WALTER M & NOWOSAD NADINE J HAVING A TAX ASSESSOR NUMBER OF 1420-08-212-014 AND DESCRIBED IN DOCUMENT [See Exhibit for Real Estate]

17. MISCELLANEOUS: 50646261-NV-5 23974 - SOLARCITY

SOLARCITY CORPORATION

File with: Douglas, NV

JB-897080-00 Nowosad, Walter 0792 Reno

Debtor: NOWOSAD, WALTER, M

Exhibit for Real Estate

16. Description of real estate: Continued
NUMBER 107-9725 DATED 01/24/2007 AND RECORDED 01/30/2007 .

