



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	50759293 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 URAKAWA	FIRST PERSONAL NAME ROBERT	ADDITIONAL NAME(S)/INITIAL(S) P	SUFFIX
1c MAILING ADDRESS 1018 STEPHANIE WAY		CITY MINDEN	STATE NV	POSTAL CODE 89423
			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 URAKAWA	FIRST PERSONAL NAME DIMARCO	ADDITIONAL NAME(S)/INITIAL(S) C	SUFFIX
2c MAILING ADDRESS 1018 STEPHANIE WAY		CITY MINDEN	STATE NV	POSTAL CODE 89423
			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/Licensor

8 OPTIONAL FILER REFERENCE DATA
 50759293 JB-894251-00 Urakawa, Robert 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 URAKAWA	
FIRST PERSONAL NAME ROBERT	
ADDITIONAL NAME(S)/INITIAL(S) P	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)

ROBERT P URAKAWA
1018 STEPHANIE WAY
MINDEN, NV 89423

16 Description of real estate

A PARCEL OF LAND LOCATED IN THE STATE OF NV, COUNTY OF DOUGLAS, WITH A SITUS ADDRESS OF 1018 STEPHANIE WAY, MINDEN NV 89423-8897 H006 CURRENTLY OWNED BY URAKAWA ROBERT P & URAKAWA DIMARCO C HAVING A TAX ASSESSOR NUMBER OF 1420-29-401-002 AND DESCRIBED IN DOCUMENT [See Exhibit for Real Estate]

17 MISCELLANEOUS 50759293-NV-5 23974 - SOLARCITY

SOLARCITY CORPORATION

File with Douglas, NV

JB-894251-00 Urakawa, Robert 0792 Reno

Debtor: URAKAWA, ROBERT, P

Exhibit for Real Estate

16. Description of real estate: Continued
NUMBER 862237 DATED 04/02/2015 AND RECORDED 05/18/2015 .

