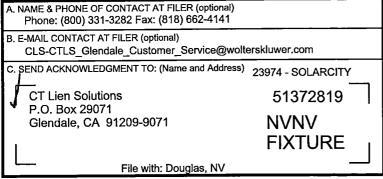




UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

collateral described in this section.



DOUGLAS COUNTY, NV

Rec:\$92.00 Total:\$92.00

2015-873252 11/25/2015 01:47 PM

CT LIEN SOLUTIONS

Pgs=3



KAREN ELLISON, RECORDER

| THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY |
|---|
|---|

| | File with: Douglas, NV | THE AB | JVE SPACE IS FU | OR FILING OFFICE U | SE UNLY |
|-------|--|---|------------------------|------------------------|---------|
| | EBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use example will not fit in line 1b, leave all of item 1 blank, check here and p | | | | |
| | 1a. ORGANIZATION'S NAME | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITION | NAL NAME(S)/INITIAL(S) | SUFFIX |
| | Potts | Bob | 1 11 | | |
| 1c. l | MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 96 | 87 SUNVIEW CT | CARSON CITY | NV | 89705 | USA |
| | DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exame will not fit in line 2b, leave all of item 2 blank, check here and p 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITION | NAL NAME(S)/INITIAL(S) | SUFFIX |
| | POTTS | LISA | M | | |
| 2c. l | MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 96 | 37 SUNVIEW CT | CARSON CITY | NV | 89705 | USA |
| 3. S | ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR | R SECURED PARTY): Provide only one Secure | d Party name (3a or 3t | p) | |
| | 3a. ORGANIZATION'S NAME SOLARCITY CORPORATION | \ \ | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| Зс. | MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 30 | D55 CLEARVIEW WAY | SAN MATEO | CA | 94402 | USA |
| | OLL ATCDAL. This financing statement sovers 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

| 5. Check only if applicable and check of | nly one box: Collateral isheld in a Tru | ust (see UCC1Ad, item 17 and | d Instructions) 🗌 | being administered by a Dec | edent's Personal Representative |
|--|---|------------------------------|-------------------|------------------------------|---------------------------------|
| 6a. Check only if applicable and check | only one box: | | | 6b. Check only if applicable | and check <u>only</u> one box: |
| Public-Finance Transaction | Manufactured-Home Transaction | A Debtor is a Transm | nitting Utility | Agricultural Lien | Non-UCC Filing |
| 7. ALTERNATIVE DESIGNATION (if a | oplicable): Lessee/Lessor | Consignee/Consignor | Seller/Buye | r 🔀 Bailee/Bailor | Licensee/Licensor |
| 8. OPTIONAL FILER REFERENCE DA 51372819 | TA: JB-897138-00 Potts, Bob | | | 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 9b. INDIVIDUAL'S SURNAME **Potts** FIRST PERSONAL NAME Bob ADDITIONAL NAME(S)/INITIAL(S) 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(SVINITIAL(S) SUFFIX POSTAL CODE COUNTRY 10c. MAILING ADDRESS ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11. ADDITIONAL SECURED PARTY'S NAME 11a. ORGANIZATION'S NAME OR FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11b. INDIVIDUAL'S SURNAME 11c MAILING ADDRESS POSTAL CODE 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): **Bob Potts** A PARCEL OF LAND LOCATED IN THE STATE OF 967 SUNVIEW CT NV, COUNTY OF DOUGLAS, WITH A SITUS CARSON CITY, NV 89705 ADDRESS OF 967 SUNVIEW CT. CARSON CITY NV 89705-8076 R010 CURRENTLY OWNED BY POTTS ROBERT D & POTTS LISA M HAVING A TAX ASSESSOR NUMBER OF 1420-07-715-031 AND **DESCRIBED IN DOCUMENT NUMBER 858989** [See Exhibit for Real Estate] JB-897138-00 Potts, Bob 0792 Reno 17. MISCELLANEOUS: 51372819-NV-5 23974 - SOLARCITY SOLARCITY CORPORATION File with: Douglas, NV

Debtor: Potts, Bob

Exhibit for Real Estate

