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## **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@wolte	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	23974 - SOLARCITY
CT Lien Solutions P.O. Box 29071	51741108
Glendale, CA 91209-9071	NVNV
1	FIXTURE
File with: Douglas, NV	

DOUGLAS COUNTY, NV Rec:\$92.00

CT LIEN SOLUTIONS

Total:\$92.00

2015-874389

12/22/2015 01:28 PM

Pgs=3



KAREN ELLISON, RECORDER

THE	<b>ABOV</b>	E SPA	CE IS	FOR	FILING	OFFICE	USE	ONLY

1a. ORGANIZATION'S NAME		//	
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Loetscher	Fred	/   R.	
MAILING ADDRESS	СПУ	STATE POSTAL CODE	COUNTRY
533 GENOA ASPEN DR	GENOA	NV 89411	USA
DEBTOR'S NAME: Provide only one Debtor name (2a o	2b) (use exact, full name; do not omit, modify, or abbreviate	any part of the Debtor's name); if any part of th	e Individual Debt
name will not fit in line 2b, leave all of item 2 blank, check her	and provide the Individual Debtor information in item	10 of the Financing Statement Addendum (Form	UCC1Ad)
2a. ORGANIZATION'S NAME		<u> </u>	
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
LOETSCHER	LINDA		
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
533 GENOA ASPEN DR	GENOA	NV 89411	USA
SECURED PARTY'S NAME (or NAME of ASSIGNEE OF	f ASSIGNOR SECURED PARTY): Provide only one Secure	d Party name (3a or 3b)	•
3a. ORGANIZATION'S NAME			
SOLARCITY CORPORATION			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	.   / /		
. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
055 CLEARVIEW WAY	SAN MATEO	CA 94402	USA
COLLATERAL: This financing statement covers the following	The second secon	1	1

				•		
5. Check <u>only</u> if applicable and check	only one box: Collateral is held in a Tru	st (see UCC1Ad, item 17 and	d Instructions) 🗌	being administered by a Dec	edent's Personal Representat	ive
6a. Check <u>only</u> if applicable and check	conly one box:			6b. Check only if applicable	and check only one box:	
Public-Finance Transaction	Manufactured-Home Transaction	A Debtor is a Transn	nitting Utility	Agricultural Lien	Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if a	pplicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	r Bailee/Bailor	Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DA						
51741108	JB-894720-00 Loetscher, Fred	R.		0792 Reno		

	LOW INSTRUCTIONS		<u> </u>		$\wedge$	
9. N	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line	e 1b was left blank	7		\ \	
b	ecause Individual Debtor name did not fit, check here				\ \	
	9a. ORGANIZATION'S NAME	,			\ \	
					\ \	4
					- \ \	
					\ \	
OR	9b. INDIVIDUAL'S SURNAME				\ \	
	Loetscher			-		
	FIRST PERSONAL NAME					
	Fred			The second name of the second		<b>N</b> _
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				1
	R.		THE ADOME	CDACE	E IS FOR FILING OFFI	CE LISE ONLY
_						
	DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name or l to not omit, modify, or abbreviate any part of the Debtor's name) and enter the ma		in line 1b or 2b of the Fir	nancing S	tatement (Form UCC1) (us	e exact, tull name;
•	10a. ORGANIZATION'S NAME	illing address in line for	<del></del>	+		
			1	1		
OR	10b. INDIVIDUAL'S SURNAME	<del>-\</del>	<del></del>	-		
	INDIVIDUAL O CONTRAINE		/	/		
	INDIVIDUAL'S FIRST PERSONAL NAME			-		
	INDIVIDUAL OF INOTITIES IN THE INTERIOR OF		\ / /			
	INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)					SUFFIX
	more or a serious control of the con	1			•	100,1,11
100	, MAILING ADDRESS	CITY	<del>\ \ \</del>	STATE	POSTAL CODE	COUNTRY
100	, MAILING ADDITION	u.		"""	. 55.7.2 5552	1
_		D CENTRE DANS		_		
11.	ADDITIONAL SECURED PARTY'S NAME OF ASSIGNO 11a, ORGANIZATION'S NAME	R SECURED PARTY'S	NAME: Provide only	one nam	e (11a or 11b)	
	TIA, ORGANIZATIONS NAME	/ /		- 2		
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	$\overline{}$	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	TID, INDIVIDUAL COCKNAIL	THOU PERCONNECTURE				
110	, MAILING ADDRESS	CITY	<del></del>	STATE	POSTAL CODE	COUNTRY
_		<u> </u>			J.	
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):	/	/			
			/			
1						
1						
/						
12	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14 This FINANCING STA	TEMENT:			•
13.	REAL ESTATE RECORDS (if applicable)	covers timber to b	<del></del> 1	vtracted	collateral X is filed as	a fixtura filing
15	Name and address of a RECORD OWNER of real estate described in item 16	16. Description of real est		skii acieu	collateral M is liled as	a lixture lilling
	(if Debtor does not have a record interest):	10. Description of real est	aic.			
Fr	ed R. Loetscher	A DARCEL O	ELANDLO	\ATE	D IN THE STA	ATE OF
25	33 GENOA ASPEN DR					
	ENOA, NV 89411				WITH A SITU	
<u> </u>	LINO71, INV 05411				SPEN DR, GE	
		89411 B013 (	CURRENTLY	OW/	NED BY LOE	TSCHER
		FRED R & LC	DETSCHER I	LIND	A HAVING A 7	ГАХ
		ASSESSOR	NUMBER OF	- 131	9-03-611-015	AND
		·			NUMBER 1109	
		[ See Exhibit for R				
17	MISCELLANEOUS: 51741108-NV-5 23974 - SOLARCITY SOLAR	RCITY CORPORATION	File with: Douglas, NV	JB-89	94720-00 Loetscher, Fred R.	0792 Reno
	mio					

**Debtor:** Loetscher, Fred, R.

## Exhibit for Real Estate

