

## **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 57955601 P.O. Box 29071 **NVNV** Glendale, CA 91209-9071 **FIXTURE** 

DOUGLAS COUNTY, NV

CT LIEN SOLUTIONS

Rec:\$92.00 Total:\$92.00 2017-895819

Pgs=3

03/10/2017 12:11 PM

KAREN ELLISON, RECORDER

	File with: Douglas, NV	IHE A	BOVE SPACE IS F	OR FILING OFFICE U	SE UNLY
	BTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, find the condition of th	ull name; do not omit, modify, or abbrevia le the Individual Debtor information in iten	76.	76.	794
1	a. ORGANIZATION'S NAME	e tre individual peptor information in refi	1 to or the Financing o	atement Addendary (Form	BCCTAY
	b. INDIVIDUAL'S SURNAME BAVARO	FIRST PERSONAL NAME ANTHONY	ADDITIO S	DNAL NAME(S)/INITIAL(S)	SUFFIX
1c. M/	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
137	3 PIN OAK DR	GARDNERVILLE	NV	89410	USA
OR 2	26, ORGANIZATION'S NAME 26, INDIVIDUAL'S SURNAME Bavaro	FIRST PERSONAL NAME John	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
2c. M/	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
137	3 PIN OAK DR	GARDNERVILLE	_ NV	89410	USA
ſ	CURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE 3a. ORGANIZATION'S NAME SOLARCITY CORPORATION	CURED PARTY): Provide only <u>one</u> Secu	red Party name (3a or	3b)	
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
305	SS CLEARVIEW WAY	SAN MATEO	I CA	94402	LISA

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 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 and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buye	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	· .
57955601 JB-894387-00 Bavaro, Anthony	0792 Reno

4. COLLATERAL: This financing statement covers the following collateral:

collateral described in this section.

## UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left blank	1					
9a. ORGANIZATION'S NAME		- - - - - -		\\			
OR 9b. INDIVIDUAL'S SURNAME BAVARO		_		_ \ \	\		
FIRST PERSONAL NAME ANTHONY					\		
ADDITIONAL NAME(S)INITIAL(S) S	SUFFIX	THE ABOV	E SPACE	IS FOR FILING O	FFICE USE ONLY		
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name							
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the  10a. ORGANIZATION'S NAME	mailing address it life foc		$\overline{}$				
OR 10b, INDIVIDUAL'S SURNAME		<del></del>	7				
INDIVIDUAL'S FIRST PERSONAL NAME	/_/		+				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX		
10c. MAILING ADDRESS	CITY	$\overline{}$	STATE	POSTAL CODE	COUNTRY		
11. ADDITIONAL SECURED PARTY'S NAME OF ASSIGN	L NOR SECURED PARTY'S	NAME: Provide onl	) y one nam	e (11a or 11b)			
11a. ORGANIZATION'S NAME			7				
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	/	ADDITIO	NAL NAME(S)INITIAL(S)	SUFFIX		
11c. MAILING ADDRESS	CITY	1	STATE	POSTAL CODE	COUNTRY		
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					1		
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)	the 14. This FINANCING STA	_	-extracted	collateral X is filed	as a fixture filing		
15. Name and address of a RECORD OWNER of real estate described in item 1 (if Debtor does not have a record interest):  ANTHONY S BAVARO 1373 PIN OAK DR GARDNERVILLE, NV 89410	A PARCEL O NV, COUNTY ADDRESS OI NV 89410-730 BAVARO AN HAVING A TA 1220-03-311-	A PARCEL OF LAND LOCATED IN THE STATE OF NV, COUNTY OF DOUGLAS, WITH A SITUS ADDRESS OF 1373 PIN OAK DR, GARDNERVILLE NV 89410-7309 R003 CURRENTLY OWNED BY BAVARO ANTHONY S & BAVARO AMANDA M HAVING A TAX ASSESSOR NUMBER OF 1220-03-311-018 AND DESCRIBED IN DOCUMENT [See Exhibit for Real Estate]					
17. MISCELLANEOUS: 57955601-NV-5 23974 - SOLARCITY SO	DLARCITY CORPORATION	File with: Douglas, N\	/ JB-89	94387-00 Bavaro, Anthony	0792 Reno		

**Debtor:** BAVARO, ANTHONY, S

## **Exhibit for Real Estate**

16. Description of real estate: Continued

NUMBER 1109-666 DATED 10/29/2009 AND RECORDED 11/03/2009

