
DOUGLAS COUNTY, NV

Rec:\$92,00 Total:\$92.00

LIEN SOLUTIONS

2017-906558 11/06/2017 11:34 AM

Pgs=3

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141			00064461201 (AREN ELLIS	1709065580030035 ON, RECORDER	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolto	erskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	23974 - SOLARCITY			\ \	
Lien Solutions P.O. Box 29071	61287341			\ \	
Glendale, CA 91209-9071	NVNV			\ \	
	FIXTURE			-11	
File with: Douglas, NV				OR FILING OFFICE	-
 DEBTOR'S NAME: Provide only one Debtor name (1a or 1 name will not fit in line 1b, leave all of item 1 blank, check here 	<u> </u>		•	The state of the s	76.
1a. ORGANIZATION'S NAME			1		
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	LADDITIO	NAL NAME(S)/INITIAL(\$)	SUFFIX
VAILLANCOURT	MARC	IVANIE	ADDITIO	MAE NAME(S)/MITIAL(S)	SUPPLA
1c. MAILING ADDRESS	CITY	-	STATE	POSTAL CODE	COUNTRY
1281 RON LANE	GARDNERV	NLE /	NV	89410	USA
OR 25. INDIVIDUAL'S SURNAME Crandall	FIRST PERSONAL Erin	NAME	ADDITIO R	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
1281 RON LANE	GARDNERV	TILLE	NV	89410	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A 3a. ORGANIZATION'S NAME SOLARCITY CORPORATION	ASSIGNOR SECURED PARTY): Pro	vide only <u>one</u> Secured Pa	rty name (3a or 3	b)	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	LNAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	 	STATE	POSTAL CODE	COUNTRY
3055 CLEARVIEW WAY	SAN MATE	5 /	CA	94402	USA
4. COLLATERAL: This financing statement covers the following of ALL ENERGY GENERATION SYSTEMS AND ASSO DEBTOR. THE SECURED PARTY IS NOT TAKING FOREGOING IS A FIXTURE). THE SECURED PAR SECTION.	OCIATED COMPONENTS AT A SECURITY INTEREST IN	THE REAL PROPER	RTY (EXCEPT	I SOLELY TO THE	EXTENT THE
5. Check only if applicable and check only one box: Collateral is	held in a Trust (see UCC1Ad, ite	m 17 and Instructions\	heina administs	red by a Decedent's Pe	rennal Penrasantation
6a. Check only if applicable and check only one box:		m ir and mandelens)		if applicable and check	·

5. Check only if applicable and check	only one box: Collateral is held in	a Trust (see UCC1Ad, item 17 ar	nd Instructions)	being administered by a Dec	cedent'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 Transa	ction A Debtor is a Trans	mitting Utility	Agricultural Lien	Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if a	pplicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA:						
61287341	JB-894722-00 MARK VAILLANCOURT		0832 Reno Sparks			

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS	_			-	
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if lin	ne 1b was left blank			Λ	
because Individual Debtor name did not fit, check here					1
9a. ORGANIZATION'S NAME				\ \	
				\ \	
				1 1	1
OR OF INDUMENTAL IS CHONANG					
9B. INDIVIDUALS SURNAME				\ \	∖i
VAILLANCOURT				\	/
FIRST PERSONAL NAME			The state of the s		1
MARC					1
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		The same of the sa		(
		THE ABOV	E 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 I	inancing S	tatement (Form UC	C1) (use exact, full name;
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the ma	ailing address in line 10c				1
10a. ORGANIZATION'S NAME					
			\		
OR 10b. INDIVIDUAL'S SURNAME	/ /	1			7
4)			
INDIVIDUAL'S FIRST PERSONAL NAME	—				
			/		1
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)		$\overline{}$			SUFFIX
		V /			'
10c. MAILING ADDRESS	TCITY		STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNO	DR SECURED PARTY	CO NAME: Deside as		- (11 11b)	
11. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOTINE, ASSIGNOTINE, ORGANIZATION'S NAME	JR SECURED PART	S NAME: Provide on	y <u>one</u> nam	e (11a or 11b)	
			Mar		
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		LADDITIO	NAL NAME(S)/INITIA	L(S) TSUFFIX
TID. INDIVIDUAL G SUNTAINE	TIKOT PEROOFILITANIE	1	Abbillo	TOTAL TOTAL CONTROL OF	L(O)
11c. MAILING ADDRESS	CITY	/ 	STATE	POSTAL CODE	COUNTRY
TIC. WAILING ADDRESS	City	\	SIAIE	POSTAL CODE	COUNTRY
		_	J	J	
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					I
	/	/			
	_//				
					1
					1
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING S	TATEMENT:			
REAL ESTATE RECORDS (if applicable)	covers timber to	be cut covers as	-extracted	collateral 🔀 is t	filed as a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16	16. Description of real e	estate:			Ì
(if Debtor does not have a record interest):	-				
MARC C VAILLANCOURT	A PARCEL	OF LAND LO	CATE	D IN THE	STATE OF
1281 RON LANE	NV. COUNT	Y OF DOUG	LAS.	WITH A S	SITUS
GARDNERVILLE, NV 89410		OF 1281 RO			
		R005 CURR			
	ì	OURT MARC			
	HAVING A	TAX ASSESS	SOR N	IUMBER C)F
	1221-05-002	2-024 AND D	ESCR	RIBED IN D	OCUMENT
	[See Exhibit for				
17. MISCELLANEOUS; 61287341-NV-5 23974 - SOLARCITY SOLA	RCITY CORPORATION	File with: Douglas, N\	/ JB-89	94722-00 MARK VAIL	LANCOURT 0832 Reno
		· · · · · · · · · · · · · · · · · · ·			1



Exhibit for Real Estate

16. Description of real estate:

Continued

NUMBER 108-5103 DATED 01/24/2008 AND RECORDED 01/25/2008 .

