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@wolte	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	23974 - SOLARCITY
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	62892903
	NVNV
1	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 FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Baugh Darrell 1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY **1323 DENNIS** MINDEN 89423 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 FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 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 Tesla, Inc. OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS POSTAL CODE STATE COUNTRY 3500 Deer Creek Road Palo Alto CA 94304 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 <u>only</u> if applicable and check <u>o</u>	only one box: Collateral is held in a Trus	st (see UCC1Ad, item 17 and	Instructions)	being administered by a Dec	cedent's Personal Representative
6a. Check <u>only</u> 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 Transmi	tting 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 DA	TA:		-		
62892903	JB-894360-00 Baugh, Darrell			0792 Reno	
FILING OFFICE COPY UCC F	INANCING STATEMENT (Form UC	C1) (Rev. 04/20/11)			by Lien Solutions, P.O. Box 29071, , CA 91209-9071 Tel (800) 331-3282

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 96 INDIVIDUAL'S SURNAME Baugh FIRST PERSONAL NAME Darrell ADDITIONAL NAME(SYINITIAL(S) 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 STATE POSTAL CODE COUNTRY CITY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 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): 14. This FINANCING STATEMENT: 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) covers timber to be cut · Covers as-extracted collateral X 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): Darrell S Baugh A PARCEL OF LAND LOCATED IN THE STATE OF **1323 DENNIS** NV, COUNTY OF DOUGLAS, WITH A SITUS MINDEN, NV 89423 ADDRESS OF 1323 DENNIS ST, MINDEN NV 89423-9064 H003 CURRENTLY OWNED BY BAUGH DARRELL S & BAUGH ALONA L HAVING A TAX ASSESSOR NUMBER OF 1420-33-810-006 AND DESCRIBED IN DOCUMENT NUMBER 309-1924.

> Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

JB-894360-00 Baugh, Darrell 0792 Reno

Tesla, Inc.

File with: Douglas, NV

17. MISCELLANEOUS: 62892903-NV-5 23974 - SOLARCITY