		DOUGLAS COUNTY, NV Rec:\$90.00 2018-91501
		\$90.00 Pgs=4 <b>06/04/2018 10:45 A</b>
		FIRST CORPORATE SOLUTIONS INC.
		KAREN ELLISON, RECORDER
LIGO CALA NOINO OTA TEMENT		RAKEN ELLISON, RECORDER
UCC FINANCING STATEMENT	•	
FOLLOW INSTRUCTIONS		\ \
A. NAME & PHONE OF CONTACT AT FILER (optional) ONLINE DEPT 888-507-4593		\ \
B. E-MAIL CONTACT AT FILER (optional)		\ \
B. E-MALE GOITING! AT CICER (Spanier)		\ \
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		\ \
•	<b>-</b> -1	\ \
FTRST CORPORATE SOLUTIONS INC.   914 S STREET	·	
914 5 51 KELI		
SACRAMENTO CA. 95811		
	AS COUN <u>T</u> Y	
10000L	AS COUNTY	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exname will not fit in line 1b, leave all of item 1 blank, check here and a		
1a, ORGANIZATION'S NAME		
0B		
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
LEES	MICHAEL	D
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE COUNTRY
1351 TOLER AVE	GARDNERVILI	LE NV 89410-5314 USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exa		
	provide the Individual Debtor informatio	on in item 10 of the Financing Statement Addendum (Form UCC1Ad)
2a. ORGANIZATION'S NAME		
OR	CIPOT DEGRONAL MANG	ADDITIONAL NAME(\$)/INITIAL(\$)   SUFFIX
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE COUNTRY
20. MAILING ADDRESS	Citt	GIAIC I SGIAC GODE
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<ol> <li>SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR 38. ORGANIZATION'S NAME</li> </ol>	R SECURED PARTY): Provide only on	a Secured Party hame (Sa di Su)
TECHNOLOGY CREDIT UNION	\	\
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
~ \ \		
3c. MAILING ADDRESS	CITY	STATE POSTAL CODE COUNTRY
2010 N FIRST ST. STE 206	SAN JOSE /	CA 95131 USA
4. COLLATERAL: This financing statement covers the following collateral:		
A PURCHASE MONEY INTEREST IN THI	E FOLLOWING: 4.57	5 KW PHOTOVOLTAIC SYSTEM:
/ /		J RW THOTO VOLTIMO OTOTEM.
MODULE: TRINA SOLAR TSM-305DD05		
INVERTER: ABB PVI-3.6-OUTD-S-US-Z-/	A (240V)	
THE ABOVE-REFERENCED SOLAR PAN	ELS INCLUDING AN	NV MODIFICATIONS ATTACHMENTS
MPROVEMENTS, REVISIONS AND/OR		TO, AND ALL PROCEEDS AND
REVENUES RESULTING FROM THE FOR	REGOING	
	•	
Facility of the second		Delication of the second parameters of the sec
	a Trust (see UCC1Ad, item 17 and instr	ructions) being administered by a Decedent's Personal Representative  6b. Check only if applicable and check only one box:
6a. Check only if applicable and check only one box:    Public-Finance Transaction   Manufactured-Home Transaction   Manufactu	ion A Debtor is a Transmittin	
	Consignee/Consignor	Setter/Buyer   Bailee/Bailor   Licensee/Licensor
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor 8. OPTIONAL FILER REFERENCE DATA:	Corrange paragraphics	
UCC1-305902.1] 53-LEES		
UCC1-303904.11 33-LEE3	J. T.	nternational Association of Commercial Administrators (IACA)

UCC FINANCING STATEMENT ADDENDU FOLLOW INSTRUCTIONS	M			
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement because Individual Debtor name did not fit, check here	nt; if line 1b was left blank		\ \	\
9a, ORGANIZATION'S NAME	4		\	\
			\	\
OR 9b. INDIVIDUAL'S SURNAME	-			\
LEES FIRST PERSONAL NAME	-			/
MICHAEL  ADDITIONAL NAME(\$)/INITIAL(\$)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFIC	CE USE ONLY
<ol> <li>DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor nar do not omit, modify, or abbreviate any part of the Debtor's name) and enter</li> </ol>	ne or Debtor name that did not fit in line 1b			
10a. ORGANIZATION'S NAME	THE THAINING ACCUSES IN MINE 150			
OR 10b. INDIVIDUAL'S SURNAME		)))		<u> </u>
INDIVIDUAL'S FIRST PERSONAL NAME		//		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		/ /		SUFFIX
10c. MAILING ADDRESS	СІТУ	STATE	POSTAL CODE	COUNTRY
	GNOR SECURED PARTY'S NA	ME: Provide only one n	ame (11a or 11b)	
11a. ÖRGANIZATION'S NAME				
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in	the 14. This FINANCING STATEMENT:	:		
REAL ESTATE RECORDS (if applicable)  15. Name and address of a RECORD OWNER of real estate described in item 1	covers timber to be cut	covers as-extracted	collateral X is filed a	as a fixture filing
(If Debtor does not have a record interest):  ROSANNA M LEES	PROPERTY LOCAT			
KOSAIVIA M EEES	OF GARNERVILLE KNOWN AS 1351 T			
	89410-5314	OLLICAVE,	O7 II(D) (LICV)	,
	FOR TITLE REFER WITH THE DOUGI			
	1210 PAGE 1275, IN	NSTRUMENT	774933	
17 MISCELLANEOUS:				

DESTOR'S NAME  90. INDIVIDUAL'S SURNAME  EES  FIRST PERSONAL NAME  MICHAEL  ADDITIONAL NAME(S)/INITIAL(S)  0. DESTOR'S NAME: Provide (10s 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 exconditional Control of the Debtor's name) and enter the mailing address in line 10c  10a. ORGANIZATION'S NAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  0c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  11a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL SECURED PARTY'S NAME: Provide only one name (11s or 11b)  11a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  STATE  POSTAL CODE				98. ORGANIZATION'S NAME  OR 90. INDIVIDUAL'S SURNAME  LEES  FIRST PERSONAL NAME  MICHAEL  ADDITIONAL NAME(S)/INITIAL(S)  D  10. DEBTOR'S NAME: Provide (10s or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Final do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c  10g. ORGANIZATION'S NAME  OR  10b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  11c. MAILING ADDRESS  CITY  ST  11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only 11s. ORGANIZATION'S NAME  OR 11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME				
DESTORES NAME Provided (10s or 10b) only gag additional Debtor name or Debtor name that id not fit in line. It is 72b of the Prinning Statement (Form UCC1) (use or only only only additional Debtor name) and enter the mailing address in line 10c.  THE ABOVE SPACE IS FOR FILING OFFICE US  THE ABOVE SPACE IS FOR FILING OFFICE		\ \			1b was left blank	Financing Statement; if lin	e as line 1a or 1b on Fin. ot fit, check here	dividual Debtor name did no
SUFFIX		\ \						ANIZATION'S NAME
REST PERSONAL NAME   MICHAEL		\ \						
FIRST PERSONAL NAME MICHAEL ADDITIONAL NAME(S)/INITIAL(S)  DEBTOR'S NAME Provide (10s or 10b) only gag additional Debtor name or Debtor name that did not fit in line the or 2b of the Financing Statement (Form UCC1) (use ex on corolin, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c  10s. ORGANIZATION'S NAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  CITY  STATE POSTAL CODE  ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only gag name (11s or 11b)  11s. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL SECURED PARTY'S NAME  FIRST PERSONAL NAME  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record of or recorded] in the 14. This FINANCING STATEMENT:  COVERS timber to be cut Covers as-autracted collateral X is feed as a 5th Name and address of a RECORD CWINER of real estate described in item 16 (if Debtor does not have a record inferest):  APN: 1220-04-512-001	\		The same of the sa		. "			
ADDITIONAL NAME(S)/INITIAL(S)  DEBTOR'S NAME Provide (10s or 10b) only ong additional Debtor name that did not fit in lipe 1b or 2b of the Financing Statement (Form UCC1) (use except on not ornit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c  10g. ORGANIZATION'S NAME  10b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  This FINANCING STATEMENT is to be filled [for record] (or recorded) in the 11d. This FINANCING STATEMENT:  REAL ESTATE RECORDS (if applicable)  This FINANCING STATEMENT is to be filled [for record] (or recorded) in the 11d. This FINANCING STATEMENT:  REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 15 (if Debtor does not have a record interest):  APN: 1220-04-512-001	\		No.				<u> </u>	
D  THE ABOVE SPACE IS FOR FILING OFFICE US  DEBTOR'S NAME: Provide (10s or 10b) only gag additional Debtor name or Debtor name that did not fit in line. 1b or 2b of the Financing Statement (Form UCC1) (use ex do not cent, mostly, or abbreviate any part of the Debtor's name) and enter the mailing address in line. 10c  Toe, ORGANIZATION'S NAME  Tob. INDIVIDUAL'S SURNAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  C. MAILING ADDRESS  CITY  STATE POSTAL CODE  The ORGANIZATION'S NAME  Tob. INDIVIDUAL'S SURNAME  The INDIVIDUAL'S SURNAME  Tob. INDIVIDUAL'S SURNAME					lèureix			
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c    Tob. ORGANIZATION'S NAME								·
Tob. INDIVIDUAL'S SURNAME   INDIVIDUAL'S FIRST PERSONAL NAME   INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	xact, full nan	atement (Form UCC1) (use e	nancing St	ine 1b or 2b of the Fil	btor name that did not fit in li ng address in line 10c	dditional Debtor name or D s name) and enter the mai	a or 10b) only <u>one</u> additions	R'S NAME: Provide (10a
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME(S)/INITIAL(S)  C. MAILING ADDRESS  CITY  STATE  POSTAL CODE  ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11s or 11b)  11a. ORGANIZATION'S NAME  TITD. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  C. MAILING ADDRESS  CITY  STATE  POSTAL CODE  TAKE  ADDITIONAL SPACE FOR ITEM 4 (Collateral).  This FINANCING STATEMENT is to be filed flor recorded) in the REAL ESTATE RECORDS (if applicable)  This FINANCING STATEMENT is to be filed flor recorded) in the Covers timber to be cut covers as-extracted collateral  16. Description of real estate.  APN: 1220-04-512-001			7	1	///			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  CITY  STATE POSTAL CODE  ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  STATE POSTAL CODE  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  Real ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  APN: 1220-04-512-001			7				<u> </u>	VIDUAL'S SURNAME
INDIVIDUALS ADDITIONAL NAME(S) INTITAL(S)  ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)  THE ORGANIZATION'S NAME  THE INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  STATE POSTAL CODE  ADDITIONAL SPACE FOR ITEM 4 (Collateral).  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (If applicable)  Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  APN: 1220-04-512-001						<u>-</u>	VAL NAME	VIDUAL'S FIRST PERSONA
ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S)  CITY  STATE  POSTAL CODE  ADDITIONAL SPACE FOR ITEM 4 (Collateral).  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 15 (if Debtor does not have a record interest):  APN: 1220-04-512-001	SUFFIX						AME(S)/INITIAL(S)	VIDUAL'S ADDITIONAL NA
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MAILING ADDRESS  CITY  STATE POSTAL CODE  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  APN: 1220-04-512-001			1				7 /	
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REAL ESTATE RECORDS (if applicable)  Covers timber to be cut Covers as-extracted collateral X is filed as a fix  Name and address of a RECORD OWNER of real estate described in item 16  (if Debtor does not have a record interest):  APN: 1220-04-512-001								
(if Debtor does not have a record interest):  APN: 1220-04-512-001	fixture filing	collateral X is filed as a	extracted c	ut Covers as-e	covers timber to be co	<u></u>		
							WNER of real estate dese erest):	address of a RECORD OW does not have a record inter
						/ /		1
							/	
MISCELLANEOUS:					4.4			

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 26, as shown on the official "FINAL MAP OF CARSON VALLEY ESTATES SUBDIVISION UNIT NO. 2" filed in the office of the County Recorder on December 23, 1970 as Document No. 50685, Official Records.