APN: 14203520 UCC FINANCING FOLLOW INSTRUCTIONS A. NAME & PHONE OF CO. B. E-MAIL CONTACT AT F. filings@loanpalsup C. SEND ACKNOWLEDGN Paramount Equity PO Box 4387 Portland, OR 972	STATEMENT ONTACT AT FILER (optional) port.com MENT TO: (Name and	Address)	eturn to: ty Mortgage,		DOUGLAS Rec:\$60.00 Total:\$60.00 LOANPAL 00102528 KAREN EL	0 00 0PERA ⁻ 2019093	1' FING ACC	1/26/2019 COUNT 0026	938785 10:13 AM Pgs=2
<u> </u>				_			-	'	
DEBTOR'S NAME: Pro name will not fit in line 1b, le	vide only one Debtor name	(1a or 1b) (use exact, fu	ill name; do not omit, m	nodify, or abbr	E ABOVE SPA	f the Debto	's name): if a	any part of the le	ndividual Debtor's
1a. ORGANIZATION'S NAI		ck liefe and provid	e the Individual Debtor	Information in	n item 10 of the F	Inancing St	atement Add	endum (Form U	5C1Ad)
OR 1b. INDIVIDUAL'S SURNAI	ME		FIRST PERSONAL	NAME	\rightarrow	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
WOO 1c. MAILING ADDRESS			Bryan						
2717 Esaw St			Minden	1		STATE	89423	ODE	COUNTRY
2. DEBTOR'S NAME: Prov	vide only <u>one</u> Debtor name	(2a or 2b) (use exact, fu	li name; do not omit, m	odify, or abbro	eviate any part of	the Debtor	's name): if a	iny part of the In	idividual Debtor's
name will not fit in line 2b, le 2a. ORGANIZATION'S NAM	ave all of item 2 blank, one	ck here and provid	e the Individual Debtor	information in	item 10 of the Fi	nancing St	atement Add	endum (Form U	CC1Ad)
OR				1	1				
2b. INDIVIDUAL'S SURNAM	VIE /		FIRST PERSONAL	NAME		ADDITIO	NAL NAME(S	S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	_//		CITY		-	STATE	POSTAL C	ODE	COUNTRY
3 SECUPED PARTY'S	IAME (-NAME - 100)	V55 44600000				12			USA
3. SECURED PARTY'S N	ME .		URED PARTY): Provid	te only one S	ecured Party nam	e (3a or 3b)		
OR 3b. INDIVIDUAL'S SURNAM	Mortgage, LLC DBA	Loanpal	FIRST PERSONAL	WARE .		Transia			
	\ \		PIRST PERSONAL	NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	7 /		CITY		· ·	STATE	POSTAL CO	DDE	COUNTRY
8781 Sierra College Bot 4. COLLATERAL: This finance		ollowing collateral:	Roseville			CA	95746		USA
brackets, roof moun	ight, title and interest poftop solar panels, so sted or ground moun ludes all warranties is	olar roofing materi ted racking system	als, wall mounted s, related equipme	batteries, ent, and ad	stand alone h	atteries	inverters	cables and w	virae cumpart
5. Check only if applicable and c	heck only one box: Collater	al is held in a Trust	(see UCC1Ad, item 17	and Instruction	ons) Theirs	administer	ad by a Door	ident's Personal	1 Representative
6a. Check only if applicable and	check only one box:							nd check only o	
7. ALTERNATIVE DESIGNATION		d-Home Transaction	A Debtor is a T			Agricultu		X Non-UCC	
8. OPTIONAL FILER REFER	ENCE DATA:	see/Lessor	Consignee/Consignor		Seller/Buyer	Bail	ee/Bailor	Licens	see/Licensor
Acct # 190301140)3								

Sa. ORGANIZATION'S NAME 8 D. INDIVIDUAL'S SURNAME WOO FIRST PERSONAL NAME Bryan ADDITIONAL NAME(S)/INITIAL(S) 5 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fill-in-line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full nide on on the financing Statement (Form UCC1) (use exact, full nide on the financing Statement (Form UCC1)	FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement because Individual Debtor name did not fit, check here		l			
WOO FIRST PERSONAL NAME Bryan ADDITIONAL NAME(Symintral.(s) DEBTOR'S NAME: Provide (10s or 10b) only gag additional Debtor name or Debtor name in that did not, this films 15 or 25 of the Financing Statement (Form UCC1) (use based, full in on one mink, modify, or addressinal may part of the Debtor's name) and enter the mailing address in line 150. THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY and not the Debtor's name) and enter the mailing address in line 150. THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY and in the 150 or 25 of the Financing Statement (Form UCC1) (use based, full in on one one one), modify, or addressinal statement (Form UCC1) (use based, full in one). THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILINO 150 (In the 15 or 25 of 15 or 25 or					\ \	
Bryan ADDITIONAL NAME(S/INITIAL(S) DeBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fill inline 1b or 2b of the Financing Statement (Form UCC1) (use based. f. fair not do not only, one abroviste any part of the Debtor's name) and enter the mailing address in tine 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S/INITIAL(S) De. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 11a. ADDITIONAL SECURED PARTY'S NAME or STATE POSTAL CODE COUNTR 11b. INDIVIDUAL'S BURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S/INITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTR 11c. ADDITIONAL SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S/INITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTR 11c. NAME: Provide did not fill in the 1cd on 10cd (for record) (or recorded) in the 1cd on 10cd (for record) (or recorded) in the 1cd on 10cd (for record) (for recorded) in the 1cd on 10cd (for record) (for recorded) in the 1cd on 10cd (for record) (for recorded) in the 1cd on 10cd (for recorded) in the 1cd (for recorded) in the 1cd on 10cd (for recorded) in the 1cd			_			
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name in Debtor name that did not fill in line. Ib or 2b of the Financing Statement (Form UCC1) (use spact, full in do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 405. 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 11a. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL SURNAME FIRST PERSONAL NAME C. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 2c. ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filled (for record) (or recorded) in the latter to be cut. Covers as-extracted collateral. Name and address of a RECORD OWNER or real estated described in litem 16 (dr Debtor does not have a record interext): County of: Douglas Address of Real Estate: 2717 Esaw St, Minden, NV, 89423	Bryan					
1. DESTINANCING STATEMENT is to be filed (for record) (or recorded) in the 1. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 1. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the 1. Address of Real Estrate second interest): 1. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the 1. Address of Real Estrate second interest): 1. Address of Real Estrate: 1.			THE ABOVE	SPACE	IS FOR FILING OFF	ICE USE ONLY
INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) INDIVIDUAL'S SURNAME		or Debtor name that did not fit in mailing address in line 10c	line 1b or 2b of the i	inancing 8	Statement (Form UCC1)	(use exact, full nar
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) On MAILING ADDRESS CITY STATE POSTAL CODE COUNTR I. ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX C. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 2. ADDITIONAL SPACE-FOR ITEM 4 (Collateral): COUNTR COUNTR 14. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) 15. Description of real estate: COUNTR 16. Description of real estate: COUNTR COUNTR COUNTR COUNTR COUNTR COUNTR COUNTR COUNTR ADDITIONAL NAME Provide only one name (11a or 11b) SUFFIX FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTR C		$\langle -\langle -$				
Countre Coun			/_			
c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR T1a. ORGANIZATION'S NAME T1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX C. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filled (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): County of: Douglas Address of Real Estate: 2717 Esaw St, Minden, NV, 89423	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		/_/			SUFFIX
11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR
This Financing Statement is to be filed (for record) (or recorded) in the REAL ESTATE RECORD OWNER of real estate described in item 16. Description of real estate: 2 This Financing Statement is to be filed so a fixture filing who is filed as a fixture filing as a fixture filing to be cut covers as-extracted collateral is filed as a fixture filing Country of: Douglas Address of Real Estate: 2717 Esaw St, Minden, NV, 89423	. ADDITIONAL SECURED PARTY'S NAME OF ASSIGN	NOR SECURED PARTY'S	3 NAME: Provide o	only one na	me (11a or 11b)	
c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR' ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filled [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): Tyan Woo County of: Douglas Address of Real Estate: 2717 Esaw St, Minden, NV, 89423	11a. ORGANIZATION'S NAME					
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): X 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): County of: Douglas Address of Real Estate: 2717 Esaw St, Minden, NV, 89423		\ \		W.		S) SUFFIX
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): Tyan Woo 14. This FINANCING STATEMENT: Covers timber to be cut covers as-extracted collateral is filed as a fixture filing. 16. Description of real estate: County of: Douglas Address of Real Estate: 2717 Esaw St, Minden, NV, 89423	\ \	CITY		STATE	POSTAL CODE	COUNTRY
REAL ESTATE RECORDS (if applicable) Covers timber to be cut covers as-extracted collateral is filed as a fixture filing covers and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): Tyan Woo County of: Douglas Address of Real Estate: 2717 Esaw St, Minden, NV, 89423	:. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
REAL ESTATE RECORDS (if applicable) Covers timber to be cut covers as-extracted collateral is filed as a fixture filing covers and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): Tyan Woo County of: Douglas Address of Real Estate: 2717 Esaw St, Minden, NV, 89423	This SIMANCING STATEMENT is to be find to see the first to be first to see the first to be first to see the first to see					
ryan Woo County of: Douglas Address of Real Estate: 2717 Esaw St, Minden, NV, 89423	REAL ESTATE RECORDS (if applicable)	covers timber to be co	_	extracted c	ollateral X is filed	as a fixture filing
Real Estate: 2717 Esaw St, Minden, NV, 89423	(if Debtor does not have a record interest):		las			
APN: 142035201020			aw St, Minden, N	V, 89423		
		APN: 14203	35201020			