			Pgs=3 PORATE	11/25/2020 SOLUTIONS INC.	-957123 0 10:48 AM
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS APN: 1219-1	10-002-047	KAREN ELI	LISON, RE	CORDER	
A. NAME & PHONE OF CONTACT AT FILER (optional)	<u> </u>				
ONLINE DEPT 888-507-4593 B. E-MAIL CONTACT AT FILER (optional)				\ \	
0.05110.40121014.50015117.70				\ \	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	¬			\ \	
FIRST CORPORATE SOLUTIONS INC. 914 S STREET				_ \ \	
SACRAMENTO CA 95811					
UCC1-551264 DOUGLAS COU	JNTY, <u>N</u>	THE ABOVE SE	PACE IS FO	OR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, furname will not fit in line 1b, leave all of item 1 blank, check here and provide and provide the control of the		ibbreviate any part	of the Debto	r's name); if any part of the	Individual Debtor's
1a. ORGANIZATION'S NAME			1	***	
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	-	ADDITIC	PNAL NAME(S)/INITIAL(S)	SUFFIX
TOGOAN	JOSEPH				
1c. MAILING ADDRESS 1000 FOOTHILL RD	GARDNERVILI	E /	STATE NV	POSTAL CODE 89460	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, ful	Il name; do not omit, modify, or a	bbreviate any part	of the Debto	r'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 [2a. ORGANIZATION'S NAME]	e the Individual Debtor information	on in item 10 of the	Financing St	atement Addendum (Form	UCC1Ad)
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIC	PNAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	URED PARTY): Provide only <u>or</u>	ne Secured Party n	ame (3a or 3l	o)	
3a. ORGANIZATION'S NAME TECHNOLOGY OPEDIT LINION	\ \		_		
OR TECHNOLOGY CREDIT UNION 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIC	NAL 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:	///			1	
"ALL OF THE DEBTOR'S RIGHT, TITLE AN	D INTEREST IN I	PHOTOVO	LTAIC	SOLAR ENER	₹GY
EQUIPMENT (IF ANY), INCLUDING BUT NO	OT LIMITED TO	ROOFTOF	SOLA	R PANELS, EL	ECTRICAL
INVERTERS, CABLES AND WIRES, SUPPOR	RT BRACKETS, R	RELATED	EQUIP	MENT, MONI	ΓORING
EQUIPMENT, SMART METERS AND ADDIT	TIONS OR REPLA	CEMENT	S OF T	HE SAME. IN	ADDITION
THE SECURITY INTEREST INCLUDES ALL	WARRANTIES I	SSUED W	ITH RE	ESPECT TO TH	iΕ
REFERENCED COLLATERAL, ANY RENEW	ABLE ENERGY	OR CARB	ON CE	RTIFICATES ()R
CREDITS (REFERRED TO, AMONG OTHER	THINGS, AS "SR	ECS"), AN	Y REN	IEWABLE ENI	ERGY
PRODUCTION INCENTIVES ("PERFORMAN	ICE-BASED INCE	ENTIVES"), AND	ANY OTHER	ECONOMIC
BENEFITS RELATED TO INCENTIVES TO S	UPPORT RENEW	ABLE EN	ERGY	PRODUCTION	N THAT
5. Check only if applicable and check only one box: Collateral is held in a Trus	t (see UCC1Ad, item 17 and Insi	tructions) be	ing administe	ered by a Decedent's Perso	nal Representative
6a. Check only if applicable and check only one box:				if applicable and check only	
Public-Finance Transaction Manufactured-Home Transaction 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	A Debtor is a Transmitti Consignee/Consignor	ng Utility Seller/Buyer	 _	Itural Lien Non-UC	C Filing ensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	_ shoight shoot of the first	Schonbayor			5555,2.0011501
[UCC1-551264] 53-TOGOAN					

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 9b. INDIVIDUAL'S SURNAME TOGOAN FIRST PERSONAL NAME JOSEPH ADDITIONAL NAME(S)/INITIAL(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) 10c. MAILING ADDRESS POSTAL CODE COUNTRY CITY STATE ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): BORROWER MAY RECEIVE OR BE ENTITLED TO AS A RESULT OF THE PHOTOVOLTAIC SOLAR **ENERGY EQUIPMENT."** 13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) covers as-extracted collateral X is filed as a fixture filing covers timber to be cut 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): PROPERTY LOCATED IN COUNTY OF DOUGLAS, CITY LARA ST JOHN OF GARDNERVI, STATE OF NV COMMONLY KNOWN AS 1000 FOOTHILL RD, GARDNERVILLE, NV 89460-6532 APN: 1219-10-002-047 FOR TITLE REFERENCE DEED RECORDED 11/02/2017 WITH THE DOUGLAS COUNTY RECORDER, IN 17. MISCELLANEOUS:

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 9b. INDIVIDUAL'S SURNAME TOGOAN FIRST PERSONAL NAME JOSEPH ADDITIONAL NAME(S)/INITIAL(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 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS POSTAL CODE COUNTRY CITY 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) covers as-extracted collateral X is filed as a fixture filing covers timber to be cut 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): INSTRUMENT NO. 2017-906458. LEGAL DESCRIPTION: LOT 4, BLOCK A, SIERRA RANCHO ESTATES #1, MAP BOOK 878, PG. 1963. 17. MISCELLANEOUS: