	1420-29-401-002	_	1	gs=2	2021-9 02/02/2021 0	9:00 AM		
	CC FINANCING STATEMENT AMENDMENT LOW INSTRUCTIONS		KAREN ELLISO	N, RECORD	ER			
Α.	NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294			(
	E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com SEND ACKNOWLEDGMENT TO: (Name and Address)			\	\ \			
	2055 33006	$\neg 1$			\ \			
'	CSC 801 Adlai Stevenson Drive Springfield, IL 62703	. Navada			_ \ \			
П	Tiled III	n: Nevada (Douglas)			7			
1a.	INITIAL FINANCING STATEMENT FILE NUMBER	1b. This	THE ABOVE SPACE FINANCING STATEME	NT AMENDMEN	IT is to be filed [for re			
_	15-871265 10/16/2015	(or re Filer:	ecorded) in the REAL Es attach Amendment Adden	STATE RECORI Idum (Form UCC3	DS Ad) <u>and</u> provide Debtor's	s name in item 13		
2. [✓ TERMINATION: Effectiveness of the Financing Statement identified above Statement	is terminated with respect t	to the security interest(s	s) of Secured Pa	arty authorizing this T	ermination		
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected col		item 7c <u>and</u> name of A	Assignor in item	9			
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law								
5. PARTY INFORMATION CHANGE: Check one of those two boxes to: AND Check one of these three boxes to:								
	CHANG	E name and/or address: Com or 6b; <u>and</u> item 7a or 7b <u>and</u> i	nplete ADD name: tem 7c 7a or 7b, <u>an</u>	Complete item nd item 7c	DELETE name: G			
6. (CURRENT RECORD INFORMATION: Complete for Party Information Change 6a. ORGANIZATION'S NAME	e - provide only <u>one</u> name (6a	a or 6b)					
OR			/ /					
OIX	/ /	FIRST PERSONAL NAME Robert	76.	NDDITIONAL NA P	ME(S)/INITIAL(S)	SUFFIX		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)								
	7a. ORGANIZATION'S NAME	/ /						
OR	7b. INDIVIDUAL'S SURNAME							
	INDIVIDUAL'S FIRST PERSONAL NAME							
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	\mathcal{I}				SUFFIX		
7c.	MAILING ADDRESS	CITY	S	STATE POSTA	AL CODE	COUNTRY		
8. [COLLATERAL CHANGE: Also check one of these four boxes: ADD of	collateral DELETE	collateral RES	STATE covered	collateral AS	SSIGN collateral		
Indicate collateral:								
1								
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	·	ne name (9a or 9b) (nan	ne of Assignor, it	this is an Assignment	t)		
ı	If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAMESolarcity Corporation							
OR		FIRST PERSONAL NAME	A	ADDITIONAL NA	ME(S)/INITIAL(S)	SUFFIX		

2055 33006

10. OPTIONAL FILER REFERENCE DATA: JB-894251-00 - 24570975 Debtor: Robert P Urakawa

FOLLOW INSTRUCTIONS	ENT ADDENDUM	
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1 2015-871265 10/16/2015	a on Amendment form	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as it	tem 9 on Amendment form	\ \
Solarcity Corporation		\ \
		\ \
OR 12b. INDIVIDUAL'S SURNAME		
FIRST PERSONAL NAME		
FIRST PERSONAL NAME		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
13. Name of DEBTOR on related financing statement (Name of a current statement)	nt Debtor of record required for index	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY ing purposes only in some filing offices - see Instruction item 13): Provide only
one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, o		
13a. ORGANIZATION'S NAME		
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
Urakawa	Robert	
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address:		/ /
Robert P Urakawa - 1018 Stephanie Way, Minder		
Dimarco C Urakawa - 1018 Stephanie Way, Mind	en NV 89423	
Secured Party Name and Address: SOLARCITY CORPORATION - 3055 CLEARVIE	W WAY SAN MATEO	CA 94402
15. This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-extracted collateral is 16. Name and address of a RECORD OWNER of real estate described in item (if Debtor does not have a record interest):	17 COUNT 1018 S CURRE URAKA NUMBE DOCUM AND	CÉL OF LAND LOCATED IN THE STATE OF NATY OF DOUGLAS, WITH A SITUS ADDRESS OF TEPHANIE WAY, MINDEN NV 89423-8897 HOUS ENTLY OWNED BY URAKAWA ROBERT P & AWA DIMARCO C HAVING A TAX ASSESSOR ER OF 1420-29-401-002 AND DESCRIBED IN MENT NUMBER 862237 DATED 04/02/2015
18. MISCELLANEOUS:		