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	•		DOUGLAS	COUNTY MY	0004	
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, , ,	when recorded return to);	Total:\$60.00		04/02/2021	11:28 AM
· · · · · · · · · · · · · · · · · · ·	Loanpal, LLC		LOANPAL LL			Pgs=2:
UCC FINANCING STATEMENT	r j		11011111898	 Idel es ribis (2):	/	1193-2/
FOLLOW INSTRUCTIONS	, , , , , , , , , , , , , , , , , , ,					
A. NAME & PHONE OF CONTACT AT FILER (option	onal)	ľ	0012105720			
B. E-MAIL CONTACT AT FILER (optional)				02109647390	10020	
filings@loanpalsupport.com			KAREN ELL	ISON, RECO	RDER	
C. SEND ACKNOWLEDGMENT TO: (Name and A	Address)		1		\ \	
		7			\ \	
Loanpal, LLC		1		The same of the sa	\ \	
PO Box 4387	ì					
Portland, OR 97208	S				7/	•
		- 11 .			-	V .
·			THE ABOVE SPACE	CE IS FOR FIL	ING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only one Debtor name						
name will not fit in line 1b, leave all of item 1 blank, chec	ck here and provide the Inc	ividual Debtor informati	on in item 10 of the Fin	ancing Statemen	t Addendum (Form UC	JUTAd)
1a. ORGANIZATION'S NAME		. /	1	\		
OR 1b. INDIVIDUAL'S SURNAME	- Jane			LADDITIONAL N	AME(S)/INITIAL(S)	JOHEEN
Benamati	. 1	T PERSONAL NAME		ADDITIONAL NA	AME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS		oug	·	STATE POST	AL CODE	COUNTRY
1271 Bridle Way	CITY m:	nden		NV 894		USA
			//			
 DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, cher 	· <u></u>	do not omit, modify, or a lividual Debtor informati				
2a. ORGANIZATION'S NAME	and browled mis the		on the Fill			,-,
Za. ORGANIZATION S NAINE			\ ' \ \		r	
OR 2b. INDIVIDUAL'S SURNAME	leipe	T PERSONAL NAME		ADDITIONAL NA	AME(S)/INITIAL(S)	SUFFIX
25. INDIVIDUAL O CONTANUE	FIRE	TI ENCORAL NAME	1 1			
2c. MAILING ADDRESS	CITY		1	STATE POST	TAL CODE '	COUNTRY
/ / .	,	1 1		\	**	USA
3. SECURED PARTY'S NAME (or NAME of ASSIG	NEE of ASSIGNOR SECTIOED	PARTY) Provide only o	ne Secured Party party	e (3a or 3h)		7 6
3a. ORGANIZATION'S NAME	THE STREET OF SECONDED P		Journal Farty Hallie		· · · · · · · · · · · · · · · · · · ·	
Loanpal, LLC	,	1	\			
OR 3b. INDIVIDUAL'S SURNAME	FIRS	T PERSONAL NAME		ADDITIONAL NA	AME(S)/INITIAL(S)	SUFFIX
		1	l .			
3c. MAILING ADDRESS	·- CITY			STATE POST	TAL CODE	COUNTRY
8781 Sierra College Boulevard	R	oseville /		CA 9:	5746	USA
4. COLLATERAL: This financing statement sovers the fo		77		<u></u>		V-1
The state of the second	man makana dipana di kacamatan	سنارست والمحود	tune.		ميسان بالمادية	
All of the debtor's right, title and interest						
but not limited to rooftop solar panels, s						
brackets, roof mounted or ground moun				placements of	ine same. In ad	uition, the
security interest includes all warranties is	ssued with respect to the	referenced conate	iai.	J		•
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	·				<u> </u>	
5. Check only if applicable and check only one box: Collate	ral is held in a Trust (see U	CC1Ad, item 17 and Ins	structions) being	administered by	a Decedent's Persona	l Representative
6a. Check only if applicable and check only one box:			6b. Ci	heck only if applic	able and check <u>only</u> o	ne box:
Public-Finance Transaction Manufacture	ed-Home Transaction	A Debtor is a Transmitt	ing Utility ,	Agricultural Lie	en Non-UCC F	iling
7. ALTERNATIVE DESIGNATION (if applicable):	ssee/Lessor Consig	nee/Consignor	Seller/Buyer	Bailee/Ba	ilor Licen	see/Licensor
8. OPTIONAL FILER REFERENCE DATA:	\)		-		
Acct # 2011029816	* L					

APN: 142033213'023' '

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS	· · ·	-			
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i because Individual Debtor name did not fit, check here	f line 1b was left blank			\ \	
9a. ORGANIZATION'S NAME		· .	`	\ .\	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·	5	\ \	'. '.''
				\ \	, , , ,
OR 9b. INDIVIDUAL'S SURNAME				\ \ \ \	
Benamati FIRST PERSONAL NAME		_	*		\$+ ¹
Doug	2				1
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
را الماري الله الماري الماريات	المان والصياب المانية المانية المانية	THE ABOVE	SPACE IS	FOR FILENG OFFIC	EUSE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of		n line 1b or 2b of the F	inancing St	atement (Form UCC1) (u	ise exact, full nam
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the r	nailing address in line 10c		<u>\</u>		
10a. ORGANIZATION'S NAME	/ / /)		
OR 10b. INDIVIDUAL'S SURNAME	/ /		7 .		
INDIVIDUAL'S FIRST PERSONAL NAME			/ · · ·		
			<i>r</i>	- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
INDIVIDUAL'S A'DITIONAL NAME(S)/INITIAL(S)	1			•	SUFFIX
		<u> </u>	Ja .		, ,
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME OF ASSIGN	OR SECURED PARTY	'S NAME: Provide	nly one nar	ne (11a or 11b)	
11a. ORGANIZATION'S NAME			The same of the sa	, , , , , , , , , , , , , , , , , , , ,	<u> </u>
		1	- >		•
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITION	VAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	' .	1			
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				1 ***	·
		**	`		•
,		÷	<i>r</i>		/
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STAT	EMENT:			· · · · · · · · · · · · · · · · · · ·
	covers timber to be		extracted co	ollateral X is filed a	s a fixture filing
15. Name and address of a RECORD OWNER of real estate described in Item 16 (if Debtor does not have a record interest):	16. Description of real esta-	te:			,
Doug Benamati	County of: DO	UGLAS 💉		·	
	Address of Real Estate: 1271	Bridle Way, minde	n, NV, 89	423	
	,			•	
	APN: 142	033213023			Î.
	R	M 889/450	,		
			•		
17. MISCELLANEOUS:				· , ·	
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