

1220-25-110-001

DOUGLAS COUNTY, NV **2021-967128**  
Rec:\$60.00  
\$60.00 Pgs=2 **05/10/2021 10:52 AM**  
CORPORATION SERVICE COMPANY (UCC)  
KAREN ELLISON, RECORDER

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

|   |                               |
|---|-------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>CSC 1-800-858-5294    |                               |
| B. E-MAIL CONTACT AT FILER (optional)<br>SPRfiling@cscglobal.com        |                               |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)                           |                               |
| 2092 77095<br>CSC<br>801 Adlai Stevenson Drive<br>Springfield, IL 62703 | Filed In: Nevada<br>(Douglas) |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|                                     |                                   |                      |                                 |                               |                |
|-------------------------------------|-----------------------------------|----------------------|---------------------------------|-------------------------------|----------------|
| 1a. ORGANIZATION'S NAME             |                                   |                      |                                 |                               |                |
| OR                                  | 1b. INDIVIDUAL'S SURNAME<br>Goldy |                      | FIRST PERSONAL NAME<br>Marshall | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX         |
| 1c. MAILING ADDRESS 600 Frontage Rd |                                   | CITY<br>Gardnerville | STATE<br>NV                     | POSTAL CODE<br>89410          | COUNTRY<br>USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor'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 the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|                         |                          |      |                     |                               |         |
|-------------------------|--------------------------|------|---------------------|-------------------------------|---------|
| 2a. ORGANIZATION'S NAME |                          |      |                     |                               |         |
| OR                      | 2b. INDIVIDUAL'S SURNAME |      | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |
| 2c. MAILING ADDRESS     |                          | CITY | STATE               | POSTAL CODE                   | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

|   |                          |                |                     |                               |                |
|---|--------------------------|----------------|---------------------|-------------------------------|----------------|
| 3a. ORGANIZATION'S NAME Tesla, Inc.                     |                          |                |                     |                               |                |
| OR  | 3b. INDIVIDUAL'S SURNAME |                | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX         |
| 3c. MAILING ADDRESS 12832 S Frontrunner Blvd, Suite 100 |                          | CITY<br>Draper | STATE<br>UT         | POSTAL CODE<br>84020          | COUNTRY<br>USA |

4. COLLATERAL: This financing statement covers the following collateral:  
All energy generation systems and associated components at any time provided by Tesla, Inc. to Debtor. The Secured Party is not taking a security interest in the real property (except solely to the extent the foregoing is a fixture). The Secured Party's only security interest is in the specific collateral described in this section.

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:  
 Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:  
 Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA: JB-894762-00 - 24446407

2092 77095

# 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       |                          |
|                               |                          |
| OR                            | 9b. INDIVIDUAL'S SURNAME |
|                               | Goldy                    |
|                               | FIRST PERSONAL NAME      |
|                               | Marshall                 |
| 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     |  | CITY | STATE | POSTAL CODE | COUNTRY |
|                          |  |      |       |             |         |

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

|                          |                           |      |                     |                               |         |
|--------------------------|---------------------------|------|---------------------|-------------------------------|---------|
| 11a. ORGANIZATION'S NAME |                           |      |                     |                               |         |
|                          |                           |      |                     |                               |         |
| OR                       | 11b. INDIVIDUAL'S SURNAME |      | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |
|                          |                           |      |                     |                               |         |
| 11c. MAILING ADDRESS     |                           | CITY | STATE               | POSTAL CODE                   | COUNTRY |
|                          |                           |      |                     |                               |         |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:  
 covers timber to be cut     covers as-extracted collateral     is filed as 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):  
 Marshall Goldy 600 Frontage Rd, Gardnerville, NV 89410

16. Description of real estate:  
 A PARCEL OF LAND LOCATED IN THE STATE OF NV, COUNTY OF DOUGLAS, WITH A SITUS ADDRESS OF 600 FRONTAGE RD, GARDNERVILLE NV 89410-7816 H002 CURRENTLY OWNED BY GOLDY MARSHALL and KINSEY ANNE HAVING A TAX ASSESSOR NUMBER OF 1220-25-110-001 AND DESCRIBED IN DOCUMENT NUMBER 469874 .

17. MISCELLANEOUS:  
 1220-25-110-001