		DOUGLAS CO Rec:\$90.00 \$90.00	OUNTY, NV Pgs=4	<b>2022-</b> 11/04/2022	991393 09:44 AM
		FIRST CORPORATE SOLUTIONS INC.  KAREN ELLISON, RECORDER			
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS APN: 1420-28-112-	004				
A. NAME & PHONE OF CONTACT AT FILER (optional)  ONLINE DEPT 888-507-4593  B. E-MAIL CONTACT AT FILER (optional)			(		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				\ \	
FIRST CORPORATE SOLUTIONS INC. 914 S STREET	$\neg$	_		\\	
SACRAMENTO CA 95811				-11	
<u>UC</u> C1-1065406 DOUGLAS CO	OUNTY, N∜			/	
		THE ABOVE SPACE			
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here and provided in the p	t, full name; do not omit, modify, or ovide the Individual Debtor informat				76.
1a. ORGANIZATION'S NAME			i.	_	$\overline{}$
OR 1b. INDIVIDUAL'S SURNAME			LIBBITIONIN	AAAE (8) (BUITIAL (8)	Tankenia .
	FIRST PERSONAL NAME	1	ADDITIONAL N	AME(S)/INITIAL(S)	SUFFIX
STEWART  1c. MAILING ADDRESS	SANDRA	<del></del>	STATE POS	TAL CODE	COUNTRY
1247 N SANTA BARBARA DR	MINDEN		NV 894	123	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and provided in the control of the	t, full name; do not omit, modify, or ovide the Individual Debtor informat	76. 37			
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL N	AME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE POS	TAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	SECURED PARTY): Provide only g	one Secured Party name	e (3a or 3b)		
3a. ORGANIZATION'S NAME	/	/			
OR TECHNOLOGY CREDIT UNION  3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	1	ADDITIONAL N	AME(S)/INITIAL(S)	SUFFIX
SS. INDIVIDUAL O CONTAINE	TINOT PERSONAL NAME		ADDITIONALIN	AME(O)/NVITIAE(O)	00111X
3c. MAILING ADDRESS	CITY	1	STATE POS	TAL CODE	COUNTRY
2010 NORTH FIRST STREET	SAN JOSE	/	CA 951	131	USA
4. COLLATERAL: This financing statement covers the following collateral: ALL OF THE DEBTOR'S RIGHT, TITLE AN	ND INTEREST IN F	PHOTOVOLT	CAIC SOL	AR ENERO	ijΥ
EQUIPMENT (IF ANY), INCLUDING BUT	NOT LIMITED TO	SOLAR INT	EGRATE	D ROOF, R	OOFTOP
SOLAR PANELS, ELECTRICAL INVERTE	RS, CABLES AND	WIRES, SUP	PORT BI	RACKETS,	RELATED
<b>EQUIPMENT, MONITORING EQUIPMENT</b>	C, SMART METERS	S AND ADDI	TIONS C	R REPLAC	<b>EMENTS</b>
OF THE SAME. IN ADDITION, THE SECU	RITY INTEREST II	NCLUDES A	LL WAR	RANTIES I	SSUED
WITH RESPECT TO THE REFERENCED C	OLLATERAL, AN	Y RENEWAE	BLE ENE	RGY OR CA	ARBON
CERTIFICATES OR CREDITS (REFERRED					
RENEWABLE ENERGY PRODUCTION IN				* *	
ANY OTHER ECONOMIC BENEFITS REL	,				* *
5. Check only if applicable and check only one box: Collateral is A held in a	Trust (see UCC1Ad, item 17 and In			a Decedent's Person	
6a. Check only if applicable and check only one box:  Public-Finance Transaction  Manufactured-Home Transaction	n A Debtor is a Transmit	-	neck <u>only</u> if appli Agricultural L	cable and check <u>only</u> ien Non-UCC	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Bailee/Ba		nsee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	·	<u> </u>			
[UCC1-1065406] 01000000000000339383					

## 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 STEWART FIRST PERSONAL NAME SANDRA 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): PRODUCTION THAT 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: PROPERTY LOCATED IN COUNTY OF DOUGLAS CITY SANDRA K. STEWART, TTEE OF THE OF MINDEN STATE OF NV; COMMONLY KNOWN AS SANDRA J. KELLEY FAMILY TRUST 1247 N SANTA BARBARA DR, MINDEN, NV, 89423 APN: 1420-28-112-004 FOR TITLE REFERENCE DEED RECORDED 03/30/2022 WITH THE DOUGLAS COUNTY RECORDER. INSTRUMENT NO. 2022-983172. 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 OR 9b. INDIVIDUAL'S SURNAME STEWART FIRST PERSONAL NAME SANDRA 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 COUNTRY STATE POSTAL CODE CITY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 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): 13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: 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): LEGAL DESCRIPTION: SEE EXHIBIT A. 17. MISCELLANEOUS:

## **EXHIBIT A**

Lot 233, Block F, as shown on the Final Map #PD99-02-04 for Saratoga Springs Estates unit No. 4, a planned unit development, recorded in the Office of the County Recorder of Douglas County, Nevada on May 19, 2000 in Book 500, Page 4445, as Document No. 492337

