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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		DOUGLAS COUNTY, NV Rec:\$90.00 \$90.00 Pgs=3 10/23/2023 03:09 PM LIEN SOLUTIONS SHAWNYNE GARREN, RECORDER		
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282	Fax: 818-662-4141			
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com		\ \		
C SEND ACKNOWLED CMENT TO: (Name and Address)	Dividend Solar -	\ \		
	— I	\ \		
Lien Solutions 95 P.O. Box 29071	669421			
	'NV			
FIX	(TURE			
File with: Douglas, NV		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY		
· · · · · · · · · · · · · · · · · · ·		o, or abbreviate any part of the Debtor's name); if any part of the Individual Debto		
name will not fit in line 1b, leave all of item 1 blank, check here and prefit a. ORGANIZATION'S NAME	ovide the Individual Debtor inform	nation in item 10 of the Financing Statement Addendum (Form UCC1Ad)		
DR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
ALLEN	ANNMARIE			
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE COUNTRY		
1336 BANNER DR	Gardnerville	NV 89460 USA (, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor		
name will not fit in line 2b, leave all of item 2 blank, check here and pro				
2a. ORGANIZATION'S NAME				
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2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE COUNTRY		
IS III ILLINO / BSNESS		SALE TOOMESONE		
B. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	SECURED PARTY): Provide only	ıly <u>one</u> Secured Party name (3a or 3b)		
3a. ORGANIZATION'S NAME	Nicides d Octob Finance I	110		
Fifth Third Bank, N.A., successor by merger with E				
36. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
3c. MAILING ADDRESS	CITY	STATE POSTAL CODE COUNTRY		
3661 Buchanan Street	San Francisco	CA 94123 USA		
OR REPLACEMENTS OF THE SAME. IN ADDITION THE SE REFERENCED COLLATERAL ANY RENEWABLE ENERGY AS SRECS) ANY RENEWABLE ENERGY PRODUCTION IN BENEFITS RELATED TO INCENTIVES TO SUPPORT RENE	NCLUDING BUT NOT LIM RELATED EQUIPMENT M CURITY INTEREST INCL OR CARBON CERTIFICA CENTIVES (PERFORMAN WABLE ENERGY PROD GY EQUIPMENT. THIS SE	MITED TO ROOFTOP SOLAR PANELS ELECTRICAL MONITORING EQUIPMENT SMART METERS AND ADDITION LUDES ALL WARRANTIES ISSUED WITH RESPECT TO THI ATES OR CREDITS (REFERRED TO AMONG OTHER THING NCE-BASED INCENTIVES) AND ANY OTHER ECONOMIC DUCTION THAT BORROWER MAY RECEIVE OR BE ENTITLI ECURITY AGREEMENT DOES NOT CREATE A SECURITY		
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a	a Trust (see UCC1Ad, item 17 an	and Instructions) being administered by a Decedent's Personal Representa		
a. Check <u>only</u> if applicable and check <u>only</u> one box. Collateral is <u>neid in a linear one one in a linear one one one in a linear one one one one one one one one one one</u>	i Trusi (see OCCTAd, item 17 an	for the contractions of the contraction of the cont		
Public-Finance Transaction Manufactured-Home Transact	ion A Debtor is a Transi	I		

Consignee/Consignor

Seller/Buyer

Bailee/Bailor

Licensee/Licensor

L19-NV-0070533

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor

8. OPTIONAL FILER REFERENCE DATA:

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UCC FINANCING STATEMENT ADDENDUN FOLLOW INSTRUCTIONS	l		1	
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			\ \	
			\ \	
OR 9b. INDIVIDUAL'S SURNAME ALLEN			\ \	
FIRST PERSONAL NAME ANNMARIE			~ /	
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				
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the 10a. ORGANIZATION'S NAME	e mailing address in line Tuc	7		
OR 10b. INDIVIDUAL'S SURNAME	$\overline{}$		***************************************	\
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX	(
10c. MAILING ADDRESS	CITY	STATE P	OSTAL CODE COUNT	ΓRY
	GNOR SECURED PARTY'S NAM	IE: Provide only <u>one</u> name (11a or 11b)	
11a. ORGANIZATION'S NAME				
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL	NAME(S)/INITIAL(S)	(
11c. MAILING ADDRESS	CITY	STATE P	OSTAL CODE COUNT	ΓRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	-))			
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) REAL ESTATE RECORDS (if applicable)	in the 14. This FINANCING STATEME	ENT:	ateral 🛛 is filed as a fixture filir	ina
Name and address of a RECORD OWNER of real estate described in item (if Debtor does not have a record interest):		covers as-extracted cor	aterar 🔼 is lieu as a lixture lilli	iig
ALLEN ANNMARIE 1336 BANNER DR	LOT 8, BLOCK C			
GARDNERVILLE, NV 89460	GARDNERVILLE RANCHOS UNIT NO. 4, FILED IN THE OFFICE OF THE COUNTY RECORDER OF			N
	OUNTY, NEVADA, ON APRIL 10, 1967,			
	AS DOCUMENT Property Address		R DR	
	GARDNERVILLE	E NV 89460 Dou		
17 MISCELLANEOUS: 95669421-NV-5 52892 - Dividend Solar - Pm	[See Exhibit for Real E			





Exhibit for Real Estate

16. Description of real estate: Continued

Parcel ID: 1220-16-710-086