

12397602  
 10/25/2016 4:17:00 PM \$14.00  
 Book - 10492 Pg - 987-989  
 Gary W. Ott  
 Recorder, Salt Lake County, UT  
 FIRST CORPORATE SOLUTIONS INC  
 BY: eCASH, DEPUTY - EF 3 P.

## UCC FINANCING STATEMENT

### FOLLOW INSTRUCTIONS

#### 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

SACRAMENTO CA. 95811

UCC1-176494.1

Salt Lake County

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 <b>NIELSON</b>	FIRST PERSONAL NAME <b>CINDY</b>	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS <b>5517 W RUSTIC HILL DR</b>	CITY <b>HERRIMAN</b>	STATE <b>UT</b>	POSTAL CODE <b>84096</b>	COUNTRY <b>USA</b>

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

OR

3b. INDIVIDUAL'S SURNAME <b>Technology Credit Union</b>	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS <b>2010 N First St. Ste 206</b>	CITY <b>San Jose</b>	STATE <b>CA</b>	POSTAL CODE <b>95131</b>	COUNTRY <b>USA</b>

4. COLLATERAL: This financing statement covers the following collateral:

A PURCHASE MONEY INTEREST IN THE FOLLOWING: 8.12KW PHOTOVOLTAIC SYSTEM:

MODULE: (29) SILFAB

SLA-P 280 MICRO-INVERTER: ENPHASE M215-60-2LL-S25-IG AZIMUTH(S): 123,213 DEG TILT(S):

17,38DEG

BUSBAR RATING: 125A MAIN BREAKER: 100A ATTACHMENT TYPE: ECOFASTEN COMP SHINGLE MOUNT THE

ABOVE-REFERENCED SOLAR PANELS INCLUDING ANY MODIFICATIONS, ATTACHMENTS, IMPROVEMENTS,

REVISIONS AND/OR ADDITIONS THERETO, AND ALL PROCEEDS AND REVENUES RESULTING

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:

6b. Check only if applicable and check only one box:

Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

Agricultural Lien  Non-UCC Filing

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

Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

UCC1-176494.1153-NIELSON

International Association of Commercial Administrators (IACA)

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

Ent 12397602 BK 10492 PG 987

## 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

NIELSON

FIRST PERSONAL NAME

CINDY

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):

FROM THE  
FOREGOING

13.  This FINANCING STATEMENT is to be filed [or 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):

16. Description of real estate:

ERIC NIELSON

PROPERTY LOCATED IN  
COUNTY OF SALT LAKE COUNTY  
CITY OF HERRIMAN STATE OF UTAH  
COMMONLY KNOWN AS 5517 W RUSTIC HILL DR,  
HERRIMAN, UT 84096  
APN: 32-12-157-005-0000  
LEGAL DESCRIPTION: LOT P39, ROSECREST PLAT

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 NIELSON	
FIRST PERSONAL NAME CINDY	
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. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> 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):	16. Description of real estate: P.9054-7230 9160-8274 9249-3631
17. MISCELLANEOUS:	