B. F-N	77-404-4129 (option 7)		PORTLAND OR 97208 BY: DCA, DEPUTY - MA 4 P.	LLC
	MAIL CONTACT AT FILER (optional)	<del></del>	are pass per off the 4 li	•
	ings@vivintsolar.com ND ACKNOWLEDGMENT TO: (Name and Address)			
	- Vivint Solar Developer, LLC	7		
•	P.O. Box 4589	·		
	Portland, OR 97208			
	- 1 Ordania, OK 9/200		HE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	
nam	BTOR'S NAME: Provide only one Debtor name (1a or 1b) (to be will not fit in line 1b, leave all of item 1 blank, check here	ise exact, full name; do not omit, modify, or abbit and provide the Individual Debtor information is	reviate any part of the Debtor's name); if any part of the Individua in item 10 of the Financing Statement Addendum (Form UCC1Ad)	Jal Deb
_ ام		FIRST PERSONAL NAME	LADDITIONAL MANEGOVANITIAL (C)	JFFIX
115.	INDIVIDUAL'S SURNAME	L	ADDITIONAL NAME(S)/INITIAL(S)	,,,,,,
B c. MA	Bodily ILING ADDRESS	Tyler	STATE POSTAL CODE COL	OUNTR
557	Bodily JILING ADDRESS 2 W MOUNT FLORA CIR BTOR'S NAME: Provide only gne Debtor name (2a or 2b) (u	Tyler CITY KEARNS  use exact, full name; do not omit, modify, or abbr	STATE POSTAL CODE COLUMN STATE 84118-9213	USA
c. MA 557 DEI	Bodily JILING ADDRESS 2 W MOUNT FLORA CIR	Tyler CITY KEARNS  use exact, full name; do not omit, modify, or abbr	STATE DOSTAL CODE COUNTY STATE OF THE POSTAL CODE STATE OF THE POSTAL C	USA USA
557 2. DEI nam 2a	Bodily JILING ADDRESS 2 W MOUNT FLORA CIR  BTOR'S NAME: Provide only <u>one</u> Debtor name (2e or 2b) (to be will not fit in line 2b, leave all of Item 2 blank, check here.  ORGANIZATION'S NAME	Tyler  CITY  KEARNS  use exact, full name; do not omit, modify, or abbrill and provide the Individual Debtor information in	reviate any part of the Debtor's name); if any part of the Individua in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ADDITIONAL NAME(S)/INITIAL(S) SUF	OUNTR' USA ual Debi
28 DR 2b. SEC	Bodily JILING ADDRESS  2 W MOUNT FLORA CIR  BTOR'S NAME: Provide only one Debtor name (2a or 2b) (to be will not fit in line 2b, leave all of Item 2 blank, check here	Tyler  CITY  KEARNS  use exact, full name; do not omit, modify, or abbriand provide the Individual Debtor information in FIRST PERSONAL NAME  CITY	STATE POSTAL CODE COLUMN REPORT OF THE POSTAL CODE STATE POSTAL CODE STATE POSTAL CODE STATE POSTAL CODE COLUMN REPORT OF THE POSTAL	USA  ual Debi d)  JFFIX
DEI 15. DEI 16. DEI 16	Bodily JILING ADDRESS 2 W MOUNT FLORA CIR BTOR'S NAME: Provide only one Debtor name (2s or 2b) (to be will not fit in line 2b, leave all of Item 2 blank, check here	Tyler  CITY  KEARNS  use exact, full name; do not omit, modify, or abbriand provide the Individual Debtor information in FIRST PERSONAL NAME  CITY	STATE POSTAL CODE COLUMN REPORT OF THE POSTAL CODE STATE POSTAL CODE STATE POSTAL CODE STATE POSTAL CODE COLUMN REPORT OF THE POSTAL	USA  ual Debi d)  JFFIX
DEI 10. DEI 10	Bodily JILING ADDRESS 2 W MOUNT FLORA CIR BTOR'S NAME: Provide only one Debtor name (2a or 2b) (to be will not fit in line 2b, leave all of Item 2 blank, check here	Tyler  CITY  KEARNS  use exact, full name; do not omit, modify, or abbriand provide the Individual Debtor information in FIRST PERSONAL NAME  CITY	STATE   POSTAL CODE   COUNTY   STATE   POSTAL CODE   STATE   POSTAL CODE   COUNTY   STATE   POSTAL CODE   COUNTY   COUNT	USA  ual Debi d)  JFFIX
20 DE 10 DE 20 DE	BODILY  JILING ADDRESS  2 W MOUNT FLORA CIR  BTOR'S NAME: Provide only one Debtor name (2s or 2b) (use will not fit in line 2b, leave all of Item 2 blank, check here  ORGANIZATION'S NAME  JUNDIVIDUAL'S SURNAME  JULING ADDRESS  CURED PARTY'S NAME (or NAME of ASSIGNEE	Tyler  CITY  KEARNS  use exect, full name; do not omit, modify, or abbrit and provide the Individual Debtor information in FIRST PERSONAL NAME  CITY  CITY  CIGNOR SECURED PARTY): Provide only one Secured Party.	STATE POSTAL CODE COLUMN STATE POSTAL CODE SECURED POSTAL CODE COLUMN STATE POSTAL COLUMN S	USA  JEFFIX  DUNTRY USA

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 X Non-UCC Filing
7. ALTERNATIVE DESIGNATION (If applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: Acct # S-6097564	

## 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 98. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME Bodily FIRST PERSONAL NAME Tyler ADDITIONAL NAME(S)/INITIAL(S) 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 CITY STATE POSTAL CODE 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 STATE POSTAL CODE CITY 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 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 16. Description of real estate: (if Debtor does not have a record interest): County of: Salt Lake Tyler Bodily Address of Real Estate: 5572 W MOUNT FLORA CIR, KEARNS, UT, 84118-9213 APN: 20133070110000 LOT 743, PARK RIDGE PHASE 7 PLAT 2 SUBDIVISION. Legal Description: 8999-8104 9183-1569 9749-7696 9750-1001 09758-0257

17. MISCELLANEOUS:

APN: 20133070110000 Service No.: S-6097564

## **EXHIBIT A**

This NOTICE (this "Notice") is provided by VIVINT SOLAR DEVELOPER, LLC, a Delaware limited liability company ("Company") with reference to the following facts:

- 1. Tyler Bodily ("Homeowner") and Company entered into that certain Residential Solar System Lease Agreement, dated as of (the "Agreement"). Any capitalized term used but not defined herein shall have the meaning ascribed to such term in the Agreement. To request a copy of the Agreement, please contact Company by calling 1.877.404.4129, or by writing at 1800 W. Ashton Blvd., Lehi, UT 84043.
- 2. The Agreement commenced on and will terminate on approximately December 22, 2036 (the "Term"). At the end of the Term, Homeowner may elect to continue with the Agreement on a year-to-year basis, enter into a new agreement, request removal of the System, or purchase the System. If Homeowner elects removal, then Company shall remove the System within ninety (90) days.
- 3. Pursuant to the Agreement, Homeowner granted to Company a right to access, enter into, and use the Property for the installation, operation, and maintenance of a solar photovoltaic energy system (the "System") at Homeowner's residential property located at 5572 W MOUNT FLORA CIR, KEARNS, County of Salt Lake, UT, 84118-9213 (the "Property").
- 4. Pursuant to the terms and conditions of the Agreement, the Company has agreed to lease the System to Homeowner and Homeowner has agreed to pay monthly rent to the Company.
- 5. Company owns the System, collectively with all associated rights, privileges, assets, incentives, rebates, and benefits arising from, relating to, or attributable to the System (the "System Interests"). At all times during the Term, the System and the System Interests shall remain Company's sole personal property and shall not be deemed or characterized as a "fixture" or any part of the "realty" as those terms

may be defined by applicable law. THIS NOTICE SHALL NOT IN ANY WAY MODIFY THE CHARACTER OR CLASSIFICATION OF THE SYSTEM. THE SYSTEM IS NOT A FIXTURE.

- 6. COMPANY DOES NOT HAVE A SECURITY INTEREST OR LIEN ON THE PROPERTY. THIS NOTICE SHOULD NOT BE CONSTRUED AS AN ENCUMBRANCE AFFECTING TITLE TO THE PROPERTY.
- 7. Pursuant to the terms and conditions of the Agreement, if the Homeowner proposes to sell or transfer the Property, it must provide Company with thirty (30) days' prior written notice of such sale or transfer, including the name of the proposed purchaser or transferee ("Property Transferee"). If Property Transferee will not assume the obligations under the Agreement, or if Company determines that Property Transferee does not qualify, then Homeowner will be required to purchase the System at Four Dollars (\$4) per watt installed, subject to reduction pursuant to the terms of the Agreement.
- 8. If Homeowner defaults under the Agreement and Company elects to terminate the Agreement, then Homeowner may be responsible to purchase the System at Seven Dollars (\$7) per watt installed, subject to reduction pursuant to the terms of the Agreement. Alternatively, Company may elect to terminate the Agreement and remove and retake the System.
- 9. If Company defaults under the Agreement and Homeowner elects to terminate the Agreement, then Company shall remove the System within ninety (90) days.
- 10. The Agreement is binding upon Homeowner's and Company's respective heirs, legal representatives, successors, and permitted assigns.
- 11. This Notice shall not, under any circumstances, be deemed to modify or change any provision of the Agreement. In the event of any conflict between the terms of this Notice and the Agreement, the Agreement shall control.

## **Exhibit B**

LOT 89, BLK 82, HOFFMAN HEIGHTS #13 4626-1491 5596-1965 6022-1866 6126-2253 7124-0443 7349-0859 8387-6427 8402-5936 8448-1502 9130-9835 10178-7019

Salt Lake UT-Bodily