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## **UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS** 

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 ACKNOWLEDGMENT TO: (Name and Address)	25556 - SOLAR MOSAIC				
Lien Solutions P.O. Box 29071	75943726				
Glendale, CA 91209-9071	UTUT				
1	FIXTURE				
File with: Salt Lake, UT					

13334827 07/21/2020 09:52 AM \$40.00 Book - 10983 P9 - 355-356 RASHELLE HOBBS RECORDER, SALT LAKE COUNTY, UTAH CT LIEN SOLUTIONS 330 N BRAND BLVD STE 700 GLENDALE CA 91203 BY: DSA, DEPUTY - MA 2 P.

and provide the Individual Debtor information in item	* *	r's name); if any part of the atement Addendum (Form	
FIRST PERSONAL NAME  Mark	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
CITY	STATE	POSTAL CODE	COUNTRY
Salt Lake City	UT	84124	USA
FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
CITY	STATE	POSTAL CODE	COUNTRY
· · · · · · · · · · · · · · · · · · ·			SUFFIX
FIRST PERSONAL NAME	Abbilio	NAL NAME(S)INITIAL(S)	SUFFIX
CITY	STATE	POSTAL CODE	COUNTRY
Oakland	CA	94612	USA
•	· ·	rising, and wherever	
	FIRST PERSONAL NAME Mark  CITY Salt Lake City  Se exact, full name; do not omit, modify, or abbreviat and provide the Individual Debtor information in item  FIRST PERSONAL NAME  CITY  GNOR SECURED PARTY): Provide only one Secur  FIRST PERSONAL NAME  CITY  Oakland	FIRST PERSONAL NAME Mark  CITY Salt Lake City  Se exact, full name; do not omit, modify, or abbreviate any part of the Debtor and provide the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Financing State of the Individual Debtor information in item 10 of the Individual Debtor information i	FIRST PERSONAL NAME Mark  CITY Salt Lake City UT 84124  Se exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form  FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)  CITY STATE POSTAL CODE  GNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)  CITY STATE POSTAL CODE  CITY STATE POSTAL CODE  CITY CITY STATE POSTAL CODE

- 3. All proceeds from warranty claims related to the Collateralized Goods, the home improvement agreement between the debtor and solar contractor ("Home Improvement Agreement") and, if debtor has received an operations and maintenance loan, the operations and maintenance agreement between the debtor and its operations and maintenance contractor ("Operations and Maintenance Agreement");
- 4. All rebates and incentives that are payable as a result of installing the Collateralized Goods except for such rebates and incentives which have been assigned to debtor's solar contractor or operations and maintenance contractor;
- 5. All debtor's rights, title, interests, and remedies under all agreements, statements and other documentation relating to the Collateralized Goods

5. Check only if applicable and check o	nly one box: Collateral is held i	n a Trust (see UCC1Ad, item 17 ar	nd Instructions)	being administered by a De	cedent'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 Transa	action A Debtor is a Trans	mitting Utility	Agricultural Lien	Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if a	oplicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DA 75943726	TA: 19513			35706		

## **UCC FINANCING STATEMENT ADDENDUM**

_	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line ecause Individual Debtor name did not fit, check here	e io was lett bl	anK				
	9a. ORGANIZATION'S NAME						
R	9b. INDIVIDUAL'S SURNAME						
	Cannon						
	FIRST PERSONAL NAME						
	Mark						
	ADDITIONAL NAME(SYINITIAL(S)		SUFFIX				
_				THE ABOVE	SPACE	IS FOR FILING OFFIC	E USE ONL
	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or I			line 1b or 2b of the Fi	nancing SI	atement (Form UCC1) (use	exact, full nam
•	do not omit, modify, or abbreviate any part of the Debtor's name) and enter the main to organization's NAME	iling address in	line 10c				
3	10b. INDIVIDUAL'S SURNAME	<del></del>	···-				
	INDIVIDUAL'S FIRST PERSONAL NAME						
							<b>—</b>
	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)						SUFFIX
-	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
	□ ADDITIONAL SECURED PARTY'S NAME   □ □ □ ASSIGNO	R SECUREI	PARTY'S	NAME: Provide only	one nami	(11a or 11b)	
	11a. ORGANIZATION'S NAME	OK OLOGINE	7174(1101	VANIE. 1 TOVIGE OTHY	one nam	(174 01 110)	
!	11b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME		ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
							1
3	. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
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	ADDITIONAL SPACE FOR ITEM 4 (Collateral): cluding, without limitation, the Home Improvement Agreement an	d Operation	e and Maint	enance Agreeme	nt): and		
.,	studing, without initiation, the nome improvement Agreement and	u Operation	3 and Mann	chance Agreeme	in, and		
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,	All consideration received from the collection, sale or other disposeived from any insurer arising from any loss, damage or destruct ssessing any Collateralized Goods or any proceeds of Collaterali	tion of any C					
C	eived from any insurer arising from any loss, damage or destruct ssessing any Collateralized Goods or any proceeds of Collaterali	tion of any C zed Goods.	ollateralize	d Goods and any	other pa	ayment received as a	result of
C	eived from any insurer arising from any loss, damage or destruct	tion of any C ized Goods. personal pro	collateralized	d Goods and any the extent that a	other pa	ayment received as a on of such collateral is	result of or become
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