	CC FINANCING STATEMENT	Record at the request of when recorded return Loanpal, LLC		05/20	569171 0/2021 03:11 PM- - 11177 Pg - 81	
B. E	E-MAIL CONTACT AT FILER (optional) filings@loanpalsupport.com SEND ACKNOWLEDGMENT TO: (Name and A Loanpal, LLC PO Box # 981440 El Paso, TX 79998- 1440			RA: RECOR LOANF PO BO EL PA	SHELLE H DER, SALT LAKE PAL, LLC DX 981440 ISO TX 79998 IRA, DEPUTY - MA	OBBS COUNTY, L
L	DEBTOR'S NAME. Provide only one Debtor name	da as 4h) //as awat full as as			OR FILING OFFICE USE	
,,	ame will not fit in line 1b, leave all of item 1 blank, chec 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME	and provide the In	dividual Debtor information in item 1	0 of the Financing	Statement Addendum (Form U	CC1Ad)
oR-	ame will not fit in line 1b, leave all of item 1 blank, chec 1a. ORGANIZATION'S NAME 1b INDIVIDUAL'S SURNAME Covington	k here and provide the In	ST PERSONAL NAME	0 of the Financing	Statement Addendum (Form U	
oR c. N	ame will not fit in line 1b, leave all of item 1 blank, chec 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME Covington MAILING ADDRESS 758 1300 West	k here and provide the In	st personal name listy y aylorsville	O of the Financing ADDIT STATE UT	IONAL NAME(S)/INITIAL(S) POSTAL CODE 84123	SUFFIX COUNTRY USA
R . N	ame will not fit in line 1b, leave all of item 1 blank, chec 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME Covington MAILING ADDRESS	and provide the In FIR M CIT T 2a or 2b) (use exact, full name k here and provide the In	st personal name listy y aylorsville	ADDIT STATE UT any part of the Debl 0 of the Financing	ONAL NAME(S)/INITIAL(S) POSTAL CODE 84123 or's name); if any part of the in	SUFFIX COUNTRY USA
57	ame will not fit in line 1b, leave all of item 1 blank, chec 1a. ORGANIZATION'S NAME 1b INDIVIDUAL'S SURNAME Covington MAILING ADDRESS 758 1300 West DEBTOR'S NAME: Provide only one Debtor name (ame will not fit in line 2b, leave all of item 2 blank, chec 2a. ORGANIZATION'S NAME	and provide the In FIR M CIT T 2a or 2b) (use exact, full name k here and provide the In	ST PERSONAL NAME Isty aylorsville do not omit, modify, or abbreviate a dividual Debtor information in item 1	ADDIT STATE UT any part of the Debl 0 of the Financing	IONAL NAME(S)/INITIAL(S) POSTAL CODE 84123 or's name); if any part of the in Statement Addendum (Form U	SUFFIX COUNTRY USA addividual Debtor's
R	ame will not fit in line 1b, leave all of item 1 blank, checing to 1b individual's surname Covington MAILING ADDRESS 758 1300 West DEBTOR'S NAME: Provide only one Debtor name (ame will not fit in line 2b, leave all of Item 2 blank, checing ame will not fit in line 2b, leave all of Item 2 blank, checing and control only one Debtor name (ame will not fit in line 2b, leave all of Item 2 blank, checing and control only one Debtor name (ame will not fit in line 2b, leave all of Item 2 blank, checing and will not fit in line 2b, leave all of Item 2 blank, checing and line and	A here and provide the In FIR M. CIT T. 2a or 2b) (use exact, full name k here and provide the In FIR CIT	ST PERSONAL NAME Sty Y aylorsville do not omit, modify, or abbreviate a dividual Debtor information in item 1 ST PERSONAL NAME	ADDIT STATE ADDIT ADDIT ADDIT	IONAL NAME(S)/INITIAL(S) POSTAL CODE 84123 or's name); if any part of the ir Statement Addendum (Form U	SUFFIX COUNTRY USA Idividual Debtor's CC1Ad) SUFFIX
57 D S	ame will not fit in line 1b, leave all of item 1 blank, checital ORGANIZATION'S NAME 1b INDIVIDUAL'S SURNAME COVINGTON MAILING ADDRESS 758 1300 West DEBTOR'S NAME: Provide only one Debtor name (ame will not fit in line 2b, leave all of Item 2 blank, checital ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS ECURED PARTY'S NAME (or NAME of ASSIGN	and provide the In FIR CIT T 2a or 2b) (use exact, full name is here and provide the In FIR CIT CIT	ST PERSONAL NAME Sty Y aylorsville do not omit, modify, or abbreviate a dividual Debtor information in item 1 ST PERSONAL NAME	ADDIT STATE Of the Financing ADDIT Any part of the Debi O of the Financing ADDIT STATE	IONAL NAME(S)/INITIAL(S) POSTAL CODE 84123 or's name); if any part of the ir Statement Addendum (Form U	SUFFIX COUNTRY USA Idividual Debtor's CC1Ad) SUFFIX

All of the debtor's right, title and interest in the Photovoltaic Solar Energy Equipment or Energy Storage/Battery Equipment (If any), including but not limited to rooftop solar panels, solar roofing materials, wall mounted batteries, stand alone batteries, inverters, cables and wires, support brackets, roof mounted or ground mounted racking systems, related equipment, and additions or replacements of the same. In addition, the security interest includes all warranties issued with respect to the referenced collateral.

rust (see UCC1Ad, item 17 and Instructions)	being administered by a Dec	edent's Personal Representative
· · · · · · · · · · · · · · · · · · ·	6b. Check only if applicable a	and check only one box
A Debtor is a Transmitting Utility	Agnicultural Lien	Non-UCC Filing
Consignee/Consignor Seller/E	Buyer Bailee/Bailor	Licensee/Licensor
		,
	A Debtor is a Transmitting Utility	6b. Check only if applicable A Debtor is a Transmitting Utility Agricultural Lien

UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Staten because Individual Debtor name did not fit, check here	nent; if line 1b was left blank				,
9a ORGANIZATION'S NAME				•	
				. ?	
8 9b. INDIVIDUAL'S SURNAME					
Covington					
FIRST PERSONAL NAME Misty					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
		THE ABOVE SPACE			
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor not only modify, or abbreviate any part of the Debtor's name) and enter		e 1b or 2b of the Financing S	Statement (Form UC	CC1) (use e	xact, full n
10a. ORGANIZATION'S NAME					
485-1100-110-110-110-110-110-110-110-110-1					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					007112
MAILING ADDRESS	CITY	STATE	POSTAL CODE	- 11	COUNT
ADDITIONAL SECURED PARTY'S NAME or ASS	BIGNOR SECURED PARTY'S	NAME: Provide only one of	ma (11a or 11b)	·	L
11a. ORGANIZATION'S NAME 11a. ORGANIZATION'S NAME	NONON OECONED I MINI I O	THOUGH DAY ONE THE	ine (11a of 11b)	· · ·	
445 INDIVIDUALIO DUDIVANO	I TO THE PERSON WALLES	Leanur			1
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INIT	IAL(S)	SUFFIX
116. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INIT	IAL(S)	
o. MAILING ADDRESS				ial(s)	
116. INDIVIDUAL'S SURNAME				IAL(S)	SUFFIX
:. MAILING ADDRESS	CITY			IAL(S)	
:. MAILING ADDRESS	CITY			IAL(S)	
:. MAILING ADDRESS	CITY			IAL(S)	
:. MAILING ADDRESS	CITY			IAL(S)	
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY	STATE		IAL(S)	
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY In the 14. This FINANCING STATEME	STATE	POSTAL CODE		COUNTR
. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in Item 1	In the 14. This FINANCING STATEME	STATE	POSTAL CODE	rial(S)	COUNTR
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): X This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in Item 1 (if Debtor does not have a record interest):	in the 14. This FINANCING STATEME	NT:	POSTAL CODE		COUNTR
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): X This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in Item 1 (if Debtor does not have a record interest):	in the 14. This FINANCING STATEME covers timber to be cut 16. Description of real estate:	NT: covers as-extracted of the covers as extracted of the covers as extr	POSTAL CODE		COUNTR
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): X This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in Item 1 (if Debtor does not have a record interest):	In the 14. This FINANCING STATEME covers timber to be cut 16 16. Description of real estate: County of: Salt La	NT: covers as-extracted of the covers as extracted of the covers as extr	POSTAL CODE		COUNTR
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): X This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in Item 1	in the 14. This FINANCING STATEME covers timber to be cut 16 16. Description of real estate: County of: Salt La Address of Real Estate: 5758 130	NT: covers as-extracted of the covers as extracted of the covers as extr	POSTAL CODE	filed as a flo	COUNTF