## **UCC FINANCING STATEMENT**

FOL	LOW INSTRUCTIONS		Leann H. Kil	ts, WEI	BER COUNTY RECORDE	:R
A. NAME & PHONE OF CONTACT AT FILER (optional) Hannah Flynn 607-337-6082			12-Apr-22 0847 AM FEE \$40.00 DEP SLV REC FOR: NBT BANK, NA - LOAN OPERATIONS			
	E-MAIL CONTACT AT FILER (optional) ngageUCC@nbtbank.com	ELECTRONICAL	LY RECO	ORDED		
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
ſ	112124111, 1111	FIXTURE				
	52 South Broad St. Norwich, NY 13815 File with: WEBER Co					
L			THE ABOVE SPA	CE IS FO	R FILING OFFICE USE (	ONLY
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here and provide the data of the name		, modify, or abbreviate any part of or information in item 10 of the Fina			
OR	1b. INDIVIDUAL'S SURNAME FIRST PERSONA		AL NIANAE	LADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	Petersen	Tye	AL IVAIVIL	ADDITIO	NAL NAME(O)/NNT NAE(O)	GOTTIX
1c. l	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3852 S 3005 W		West Haven		UT	84401	USA
	DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full rame will not fit in line 2b, leave all of item 2 blank, check here and provide to an and provide to a ORGANIZATION'S NAME		, modify, or abbreviate any part of or information in item 10 of the Fina			
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	Petersen	April				
2c. l	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
38	352 S 3005 W	West Have	en	844	84401	USA
3. 5	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR	ED PARTY): Provi	ide only <u>one</u> Secured Party name (3	Ba or 3b)		
	3a. ORGANIZATION'S NAME NBT Bank, NA					
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX

POSTAL CODE

13815

COUNTRY

**USA** 

STATE

NY

E# **3229462** PG 1 0F 2

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

3c. MAILING ADDRESS

52 South Broad St

All Solar Equipment; all attachments, accessories, tools, batteries, parts, supplies, replacements of and additions to all or any portion of the Solar Equipment; all claims of any type or nature, including warranty claims related to the Solar Equipment or the Installation Agreement; all rebates and incentives that are payable as a result of installing the Solar Equipment except for such rebates and incentives which have been assigned to your Installer; all your rights, title, interests, and remedies under all agreements, books, records, statements and documentation and other general intangibles relating to the Collateral (including, without limitation, the Installment Agreement), all consideration received from the operation, collection, sale or other disposition of any property that constitutes Collateral, including any payment received from any insurer arising from any loss, damage or destruction of any Collateral and any other payment received as a result of possessing all or any portion of the Collateral all supporting obligations; and all products and proceeds of and all accessions to, substitutions and replacements for and rents, profits and products of, each of the foregoing and proceeds of any insurance, indemnity, warranty or guaranty payable to you from time to time with respect to any of the foregoing.

CITY

Norwich

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/B	uyer Bailee/Bailor Licensee/Licensor								
8. OPTIONAL FILER REFERENCE DATA: 269 Specialty Lending	962								

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

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9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i because Individual Debtor name did not fit, check here	f line 1b was left blank						
9a. ORGANIZATION'S NAME							
OR 9b. INDIVIDUAL'S SURNAME							
Petersen  FIRST PERSONAL NAME							
Tye  ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX						
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name			E IS FOR FILING OFFIC og Statement (Form UCC1) (				
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the 10a. ORGANIZATION'S NAME	mailing address in line 10c						
OR 10b. INDIVIDUAL'S SURNAME Petersen							
INDIVIDUAL'S FIRST PERSONAL NAME April							
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX			
10c. MAILING ADDRESS S 3005 W	West Haven	STATI UT		COUNTRY			
11. ADDITIONAL SECURED PARTY'S NAME of ASSIGNATION ASSIGNATION ASSIGNATION AND ASSIGNATION	GNOR SECURED PARTY'S	S NAME: Provide only <u>one</u> n	ame (11a or 11b)				
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	TONAL NAME(S)/INITIAL(S)	SUFFIX			
11c. MAILING ADDRESS	CITY	STATI	E POSTAL CODE	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					
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:  Address: 3852 S 3  Property Descript	6005 W West Haven tion: ALL OF LOT VEST HAVEN CIT'   Section: CST HAVEN T POINT SUB 11-0097	.UT 84401 97, SALT POINT				
17. MISCELLANEOUS: NBT Bank, NA (Fixtures) File with: West Haven, WEE							