3290345 BK 7590 PG 1529

## UCC FINANCING STATEMENT

APN: 12-126-0043

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

UCC1-548392

Davis County, UT

E 3290345 B 7590 P 1529-1531 RICHARD T. MAUGHAN DAVIS COUNTY, UTAH RECORDER 9/4/2020 12:36:00 PM FEE \$40.00 Pgs: 3 DEP eCASH REC'D FOR FIRST CORPORATE SOLUTI

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 FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SOLBERG SHAWNA POSTAL CODE COUNTRY 1c. MAILING ADDRESS CITY 2387 South 300 West Clearfield 84015 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) 28. ORGANIZATION'S NAME 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) 3s. ORGANIZATION'S NAME Technology Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS CITY POSTAL CODE COUNTRY 95131 2010 N First St. Ste 206 USA San Jose CA 4. COLLATERAL: This financing statement covers the following collateral:

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:

Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filling

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

8. OPTIONAL FILER REFERENCE DATA:

PRODUCTION INCENTIVES ("PERFORMANCE-BASED INCENTIVES"), AND ANY OTHER ECONOMIC BENEFITS RELATED TO INCENTIVES TO SUPPORT RENEWABLE ENERGY PRODUCTION THAT

"ALL OF THE DEBTOR'S RIGHT, TITLE AND INTEREST IN PHOTOVOLTAIC SOLAR ENERGY

THE SECURITY INTEREST INCLUDES ALL WARRANTIES ISSUED WITH RESPECT TO THE REFERENCED COLLATERAL, ANY RENEWABLE ENERGY OR CARBON CERTIFICATES OR CREDITS (REFERRED TO, AMONG OTHER THINGS, AS "SRECS"), ANY RENEWABLE ENERGY

EQUIPMENT (IF ANY), INCLUDING BUT NOT LIMITED TO ROOFTOP SOLAR PANELS, ELECTRICAL INVERTERS, CABLES AND WIRES, SUPPORT BRACKETS, RELATED EQUIPMENT, MONITORING EQUIPMENT, SMART METERS AND ADDITIONS OR REPLACEMENTS OF THE SAME. IN ADDITION,

[UCC1-548392] 53-SOLBERG

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS											
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing because Individual Debtor name did not fit, check here											
98. ORGANIZATION'S NAME											
	0 0										
OR 9b. INDIVIDUAL'S SURNAME											
SOLBERG											
FIRST PERSONAL NAME											
SHAWNA ADDITIONAL NAME(S)/INITIAL(S)	s	UFFIX									
F			THE ABOVE	SPACEI	S FOR FILING OFFICE	USE ONLY					
<ol> <li>DEBTOR'S NAME: Provide (10a or 10b) only one additional De do not omit, modify, or abbreviate any part of the Debtor's name) an</li> </ol>	tatement (Form UCC1) (use	exact, full name;									
10a. ORGANIZATION'S NAME											
OR											
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 SECURE	D PARTY	S NAME: Provide o	nly <u>one</u> na	me (11a or 11b)						
11a. ORGANIZATION'S NAME											
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSO	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX					
				07175	Incorti cons	OCUPITOW.					
11c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY					
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):											
BORROWER MAY RECEIVE OR BE EI	NTITLED TO AS	SARES	ULT OF TH	E PH	OTOVOLTAIC	SOLAR					
ENERGY EQUIPMENT."		3111120	021 01 11		010,0211110	DOLLIN					
ENERGY EQUILIENT.											
13. X This FINANCING STATEMENT is to be filed [for record] (or record)	orded) in the 14. This FINAN	ICING STATE	MENT:								
REAL ESTATE RECORDS (if applicable)		covers timber to be cut covers as-extracted collateral X is filed as a fixture filing									
<ol> <li>Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest):</li> </ol>	n item 18 16. Description	of real estate	:								
	PROPER	PROPERTY LOCATED IN									
	COUNT	COUNTY OF DAVIS									
	CITY O	CITY OF CLEARFIELD									
	STATE	STATE OF UT									
	COMMO	COMMONLY KNOWN AS 2387 S 300 W, CLEARFIELD,									
		UT 84015-4104									
	APN: 12	APN: 12-126-0043									
47 MISSELL AND SUID											
17. MISCELLANEOUS:											

## UCC FINANCING STATEMENT ADDENDUM

FC	LLOW INSTRUCTIONS						
9.	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was le	eft blank	1			
	98. ORGANIZATION'S NAME						
OF	9b. INDIVIDUAL'S SURNAME						
	SOLBERG FIRST PERSONAL NAME						
	SHAWNA						
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	1			
_	F					S FOR FILING OFFICE	
10	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m			line 1b or 2b of the F	inancing S	tatement (Form UCC1) (use	exact, full name
	10a. ORGANIZATION'S NAME						
OF	10b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
							30.717
100	.: MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
11	. ☐ ADDITIONAL SECURED PARTY'S NAME @ ☐ ASSIGNO	I OR SECUI	RED PARTY	'S NAME: Provide o	nlv one na	me (11a or 11b)	
	11a, ORGANIZATION'S NAME					, ,	
OF	11b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAI			ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
			The state of the s			, , , , , , , , , , , , , , , , , , , ,	
110	. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
12	ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
13	X   This FINANCING STATEMENT is to be filled [for record] (or recorded) in the	14. This FIN	ANCING STATE	MENT:			
	REAL ESTATE RECORDS (if applicable)		vers timber to be		extracted o	collateral X is filed as a	fixture filing
15	Name and address of a RECORD OWNER of real estate described in item 18 (if Debtor does not have a record interest):	16. Descript	tion of real estate	):			
		LEGA	L DESCR	IPTION: AL	L OF	LOT 43, AMD	PLAT O
		MELA	NIE ACR	ES SUB PH	ASE 3	3. CONT. 0.12 A	CRES
47	MISCELLANICOLIS						
17	. MISCELLANEOUS:						