

## UCC FINANCING STATEMENT

## FOLLOW INSTRUCTIONS

## A. NAME &amp; 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  
Glendale, CA 91209-9071

83458091

UTUT  
FIXTURE

File with: Davis, UT

E 3440378 B 7898 P 2170-2174  
RICHARD T. MAUGHAN  
DAVIS COUNTY, UTAH RECORDER  
12/03/2021 03:58 PM  
FEE \$40.00 Rec: 5  
DEP RT REC'D FOR LIEN SOLUTIONS

02-153-0004

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 Bigler		FIRST PERSONAL NAME Mark	ADDITIONAL NAME(S)/INITIAL(S)	
1c. MAILING ADDRESS 1516 Willow Valley Dr		CITY Centerville	STATE UT	POSTAL CODE 84014
COUNTRY USA				

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)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
COUNTRY USA				

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Solar Mosaic, Inc				
OR				
3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	
3c. MAILING ADDRESS 300 Lakeside Drive, FL 24		CITY Oakland	STATE CA	POSTAL CODE 94612
COUNTRY USA				

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

The collateral includes the following, whether now owned or hereafter acquired, whether now existing or hereafter arising, and wherever located:

1. All solar panels, inverters, battery storage, hot water solar systems, racking systems, wiring, electrical and mechanical connections, metering, monitoring and/or other distributed generation interconnect equipment (collectively, "Solar Equipment") and home improvement products (together with the Solar Equipment, "Purchased Goods") excluding Fixtures (as defined in Article 9 of the UCC), if any (such Purchased Goods which excludes Fixtures are referred to as "Collateralized Goods");

2. All accessions, attachments, accessories, tools, parts, supplies, replacements of and additions to any Collateralized Goods;

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 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 Filing

6b. Check only if applicable and check only one box:  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Ballor  Licensee/Licensor

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

8. OPTIONAL FILER REFERENCE DATA:  28059  39274

## 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

9a. ORGANIZATION'S NAME			
OR			
9b. INDIVIDUAL'S SURNAME Bigler			
FIRST PERSONAL NAME Mark			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		

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	CITY	STATE	POSTAL CODE
			COUNTRY

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	CITY	STATE	POSTAL CODE
			COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

(Including, without limitation, the Home Improvement Agreement and Operations and Maintenance Agreement); and

6. All consideration received from the collection, sale or other disposition of any property that constitutes Collateralized Goods, including any payment received from any insurer arising from any loss, damage or destruction of any Collateralized Goods and any other payment received as a result of possessing any Collateralized Goods or any proceeds of Collateralized Goods.

All of the collateral described above is intended to be classified as personal property, but to the extent that any portion of such collateral is or becomes classified as a fixture, this filing constitutes a fixture filing as to such collateral. The collateral described above secures a purchase money obligation in favor of the secured party and secured party's lien thereon constitutes a purchase money security interest.

13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  Mark Bigler 1516 Willow Valley Dr Centerville, UT 84014	16. Description of real estate:  ALL OF LOT 4, FOXBRIDGE PLAT E AMD SUB. CONTAINS 0.187 ACRES State: UT County: Davis County  Parcel/APN: 02-153-0004
17. MISCELLANEOUS: 83458091-UT-11 25558 - SOLAR MOSAIC	Solar Mosaic, Inc
	File with: Davis, UT
	28059 39274

## UCC FINANCING STATEMENT

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B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 25556 - SOLAR MOSAIC	
<p>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</p>	<p>83458091 UTUT FIXTURE</p>
File with: Davis, UT	

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1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S SURNAME Bigler	FIRST PERSONAL NAME Mark	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 1516 Willow Valley Dr	CITY Centerville	STATE UT	POSTAL CODE 84014	COUNTRY USA

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)

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OR				
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)

3a. ORGANIZATION'S NAME Solar Mosaic, Inc				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS 300 Lakeside Drive, FL 24	CITY Oakland	STATE CA	POSTAL CODE 94612	COUNTRY USA

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2. All accessions, attachments, accessories, tools, parts, supplies, replacements of and additions to any Collateralized Goods;
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 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:

<input type="checkbox"/> Public-Finance Transaction	<input type="checkbox"/> Manufactured-Home Transaction	<input type="checkbox"/> A Debtor is a Transmitting Utility	<input type="checkbox"/> Check only if applicable and check only one box:
<input type="checkbox"/> Agricultural Lien	<input type="checkbox"/> Non-UCC Filing		

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

8. OPTIONAL FILER REFERENCE DATA:

83458091 28059

39274

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OR	1b. INDIVIDUAL'S SURNAME Bigler	FIRST PERSONAL NAME Mark	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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1c. MAILING ADDRESS 1516 Willow Valley Dr	CITY Centerville	STATE UT	POSTAL CODE 84014	COUNTRY USA
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2a. ORGANIZATION'S NAME			
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OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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	FIRST PERSONAL NAME <b>Mark</b>	
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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