<i>5</i> € 8		1
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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

	A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
	B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolte	erskluwer.com
	C. SEND ACKNOWLEDGMENT TO: (Name and Address)	25556 - SOLAR MOSAIC
	CT Lien Solutions P.O. Box 29071	55980776
٠	Glendale, CA 91209-9071	UTUT
	1	FIXTURE
	File with: Salt Lake, UT	

12385572 10/10/2016 12:36 PM \$12.00 Book - 10436 Pa - 1610-1611 GARY W. OTT RECORDER, SALT LAKE COUNTY, UTAH CT LIEN SOLUTIONS 330 N BRAND BLVD STE 700 GLENDALE CA 91203 BY: CBA, DEPUTY - MA 2 P.

Ill name; do not omit, modify, or abbreviate e the Individual Debtor Information in item FIRST PERSONAL NAME MARILYN	10 of the Financing Sta		
FIRST PERSONAL NAME	<u>~</u>		occ (Au)
	ADDITION	NAL MAME/CMMITTAL/CN	
	ADDITION	IAL MAME/CV/MITIAL/CV	
MARILYN		AAL NAME(S)INTIAL(S)	SUFFIX
			1
CITY	STATE	POSTAL CODE	COUNTRY
MAGNA	UT	84044	USA
all name; do not omit, modify, or abbreviate	any part of the Debtor	's name); if any part of the	Individual Debte
e the Individual Debtor information in item	10 of the Financing Sta	itement Addendum (Form I	JCC1Ad)
FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
СІТУ	STATE	POSTAL CODE	COUNTRY
1			
CURED PARTY): Provide only one Secure	ed Party name (3a or 3	b)	
· · · · · · · · · · · · · · · · · · ·		<u></u>	
FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)		SUFFIX
CITY	STATE	POSTAL CODE	COUNTRY
Oakland	CA	94612	USA
	•	-	
after acquired, whether now exist	ting or hereafter ar	ising, and wherever l	ocated:
	ull name; do not omit, modify, or abbreviate e the Individual Debtor information in item FIRST PERSONAL NAME CITY CURED PARTY): Provide only one Secure FIRST PERSONAL NAME CITY Oakland	Ull name; do not omit, modify, or abbreviate any part of the Debtor e the Individual Debtor information in item 10 of the Financing State FIRST PERSONAL NAME	ull name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the e the Individual Debtor information in item 10 of the Financing Statement Addendum (Form III). FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE CURED PARTY): Provide only one Secured Party name (3a or 3b). FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE

- accommodate the solar system (collectively, "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 (including, without limitation, the Home Improvement Agreement and Operations and Maintenance Agreement); and

5. Check only if applicable and che	k only one hoy: Collateral is hold	in a Trust (see UCC1Ad, item 17 a	nd lasta estima)	haine administered by a Da	andanta Danasal Bassasatati	_
		in a Trust (see OCC (Ad, item 17 a)		-		/е
6a. Check only if applicable and ch	eck only one box:			6b. Check only if applicable	e and check <u>only</u> one box:	
Public-Finance Transaction	Manufactured-Home Trans	saction A Debtor is a Trans	smitting Utility	Agricultural Lien	Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (f applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Bailee/Bailor	Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA:						
55980776	16687			27150		

Prepared by CT Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

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 FIRST PERSONAL NAME **MARILYN** ADDITIONAL NAME(S)INITIAL(S) 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) SUFFIX 10c MAILING ADDRESS CIT COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11. ADDITIONAL SECURED PARTY'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX 11c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 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. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): Parcel ID: MARILYN BELL 14-20-477-036-0000 2655 TWAIN DR **MAGNA, UT 84044** LOT 206, GREEN MEADOW ESTATES #5 5516-1296 5750-1208 6961-0749 7215-0956 7301-1139 State: UT County: Salt Lake County

Solar Mosaic, Inc.

17. MISCELLANEOUS: 55980776-UT-35 25556 - SOLAR MOSAIC

File with: Salt Lake, UT

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