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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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

UCC1-217975.1

Salt Lake County

12562914 6/26/2017 1:07:00 PM \$14.00 Book - 10571 Pg - 2531-2533 Gary W. Ott Recorder, Salt Lake County, UT FIRST CORPORATE SOLUTIONS INC BY: eCASH, DEPUTY - EF 3 P.

SACRAMENTO CA. 95811				
<u>UC</u> C1-217975.1	Salt Lake Co <u>unt</u> y	THE ABOVE SPACE IS F	OR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 1b, leave all of item 1 blank, che	e (1a or 1b) (use exact, full name; do not omit, modified here and provide the Individual Debtor info	y, or abbreviate any part of the Debt	or's name); if any part of the li	ndividual Debtor's
1a. ORGANIZATION'S NAME				<u> </u>
OR 15. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME ADDITIO	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
NOLEN	HANNAH	М		İ
1c. MAILING ADDRESS	СПҮ	STATE	POSTAL CODE	COUNTRY
6769 W MALISSA ANN DR	HERRIMAN	UT	84096	USA
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
2c. MAÎLING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIG	SNEE of ASSIGNOR SECURED PARTY): Provide of	nly one Secured Party name (3a or 3	b)	
Technology Credit Union				
36. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAI	ME ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
010 N First St #206	San Jose	CA	95131	USA
4. COLLATERAL: This financing statement covers the f	ollowing collateral:	***	•	·

A PURCHASE MONEY INTEREST IN THE FOLLOWING: 5.67 KW PHOTOVOLTAIC SYSTEM:

MODULE: LG Electronics LG315N1C-Z4 INVERTER: ABB PVI-4.2-OUTD-S-US-Z-A

THE ABOVE-REFERENCED SOLAR PANELS INCLUDING ANY MODIFICATIONS, ATTACHMENTS, IMPROVEMENTS, REVISIONS AND/OR ADDITIONS THERETO, AND ALL PROCEEDS AND REVENUES RESULTING FROM THE FOREGOING

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 Filling
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
[UCC1-217975.1] 53-NOLEN	

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

International Association of Commercial Administrators (IACA)

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 NOLEN FIRST PERSONAL NAME HANNAH 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 115. 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): 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 covers as-extracted collateral X 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). PROPERTY LOCATED IN **CURRENT T WILLIAMS** COUNTY OF SALT LAKE CITY OF HERRIMAN STATE OF UT COMMONLY KNOWN AS 6769 W MALISSA ANN DR. HERRIMAN, UT 84096-6957 APN: 32-03-401-011-0000

17 MISCELLANEOUS:

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 96. INDIVIDUAL'S SURNAME NOLEN FIRST PERSONAL NAME HANNAH 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): 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 covers as-extracted collateral X 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): LEGAL DESCRIPTION: LOT 321. HAMILTON FARMS PHASE 2 PUD. 9045-7255 9815-5551 10054-8595

17. MISCELLANEOUS: