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 | 55734684 |
| Glendale, CA 91209-9071 | UTUT |
| 1 | FIXTURE I |
| File with: Davis, UT | |

E 2968005 B 6606 P 497-501 RICHARD T. MAUGHAN DAVIS COUNTY, UTAH RECORDER 09/22/2016 01:20 PM FEE \$18.00 Pas: 5 DEP RT REC'D FOR CT LIEN SOLUTIONS

06-213-0129

| File with: Davis, UT | THE ABOVE SPACE IS | IE ABOVE SPACE IS FOR FILING OFFICE USE ONLY | | | |
|--|---------------------------------------|---|---------------------------------|-------------------|--|
| I. 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 Debt | ior's name); if any part of the | Individual Debtor | |
| name will not fit in line 1b, leave all of item 1 blank, check here | and provide the Individual Debte | or information in item 10 of the Financing S | Statement Addendum (Form | UCC1Ad) | |
| 1a. ORGANIZATION'S NAME | | | | | |
| OR THE INDIVIDUALIS SUBMANE | | | | | |
| IB. INDIVIDUAL S SURNAME | FIRST PERSONA | L NAME ADDITE | IONAL NAME(S)/INITIAL(S) | SUFFIX | |
| Coulam | Anthony | | | | |
| Ic. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY | |
| 833 W 2100 S | Woods Cros | ss UT | 84087 | USA | |
| . DEBTOR'S NAME: Provide only one Debtor name (2a or 2b | <u> </u> | • | | | |
| name will not fit in line 2b, leave all of item 2 blank, check here | and provide the Individual Debt | or information in item 10 of the Financing S | Statement Addendum (Form | UCC1Ad) | |
| 2a. ORGANIZATION'S NAME | | | | | |
| | | | | | |
| R 2b. INDIVIDUAL'S SURNAME | FIRST PERSONA | L NAME ADDITI | IONAL NAME(S)/INITIAL(S) | SUFFIX | |
| | | | | | |
| Cc. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY | |
| | | | | | |
| SECURED PARTY'S NAME (or NAME of ASSIGNEE of A | SSIGNOR SECURED PARTY): Pro | ovide only <u>one</u> Secured Party name (3a or | 3b) | | |
| 3a. ORGANIZATION'S NAME | | | | | |
| Solar Mosaic, Inc | | | | | |
| 3b. INDIVIDUAL'S SURNAME | FIRST PERSONA | AL NAME ADDIT | IONAL NAME(S)/INITIAL(S) | SUFFIX | |
| | | | | | |
| I 3c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY | |
| 1212 Broadway Ste 300 | Oakland | CA | 94612 | USA | |
| . COLLATERAL: This financing statement covers the following c | | | | | |
| he collateral includes the following, whether now ow | ned or hereafter acquired, v | whether now existing or hereafter | arising, and wherever | located: | |
| All color papels invertors racking systems wiring | alastrias and machanical s | opposions matering manitoring | and/or other distribute | d gonoration | |
| . All solar panels, inverters, racking systems, wiring, iterconnect equipment, battery storage equipment, e | | | | | |
| ccommodate the solar system (collectively, "Collate | | 22 - 4 | , | , | |
| All considers attacked and a second at the second | | -f d d-l'klassa ka O-ll'akassal | : 1 O 1 | | |
| . All accessions, attachments, accessories, tools, pa | irts, supplies, replacements | or and additions to any Collateral | ized Goods; | | |
| . All proceeds from warranty claims related to the Co | ollateralized Goods, the hon | ne improvement agreement betwe | en the debtor and sola | ar contractor | |
| 'Home Improvement Agreement") and, if debtor has | | | s and maintenance agi | reement | |
| etween the debtor and its operations and maintenar | ice contractor ("Operations a | and Maintenance Agreement"); | | | |
| . All rebates and incentives that are payable as a re- | sult of installing the Collater: | alized Goods except for such reba | ates and incentives wh | ich have beer | |
| ssigned to debtor's solar contractor or operations ar | | | | | |
| All dahkada stakka AMI stakasaka anadasasa dia sasa | da a all a anno anno aka antaka anno | | | - J C J - | |
| All debtor's rights, title, interests, and remedies und notuding, without limitation, the Home Improvement | | | | a Goods | |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| . Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is | held in a Trust (see UCC1Ad, ite | | stered by a Decedent's Pers | | |
| a. Check only if applicable and check only one box: | — | | nly if applicable and check o | | |
| Public-Finance Transaction Manufactured-Hom | | | | CC Filing | |
| . ALTERNATIVE DESIGNATION (if applicable): Lessee/Le | ssor Consignee/Consig | nor Seller/Buyer B | Bailee/Bailor Lice | ensee/Licensor | |
| OPTIONAL FILER REFERENCE DATA: | | | | | |

26196

15292

2968005 BK 6606 PG 498

UCC FINANCING STATEMENT ADDENDUM

| FOL | LOW INSTRUCTIONS | | | | | | |
|-----------------------|---|--|-------------------------------------|--|------------|----------------------------|-------------------|
| | AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line ecause Individual Debtor name did not fit, check here | e 1b was left b | lank | | | | |
| Ü | 9a. ORGANIZATION'S NAME | | | | | | |
| | | | | | | | |
| - | | | | • | | | |
| OR | 9b. INDIVIDUAL'S SURNAME | | | | | | |
| | Coulam | | | | | | |
| | FIRST PERSONAL NAME Anthony | | | | | | |
| | ADDITIONAL NAME(SYINITIAL(S) | | SUFFIX | | | | |
| | | | | THE ABOVE | SPACE | IS FOR FILING OFFIC | E USE ONLY |
| | DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or D | | | line 1b or 2b of the Fi | nancing St | atement (Form UCC1) (use | exact, full name; |
| C | to not omit, modify, or abbreviate any part of the Debtor's name) and enter the mai | iling address ir | line 10c | | | | |
| | TO B. GROWN THE TOTAL THE | | | | | | |
| OR | 10b. INDIVIDUAL'S SURNAME | | | | | ············ | |
| | | | | | | | |
| | INDIVIDUAL'S FIRST PERSONAL NAME | | | | | | |
| | INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) | | | | | | SUFFIX |
| | | | | | | | |
| 100 | . MAILING ADDRESS | CITY | | | STATE | POSTAL CODE | COUNTRY |
| 11. | ☐ ADDITIONAL SECURED PARTY'S NAME ☐ ASSIGNO | R SECURE | D PARTY'S N | NAME: Provide only | one nam | e (11a or 11b) | |
| | 11a. ORGANIZATION'S NAME | | | ······································ | | | |
| OR | 11b. INDIVIDUAL'S SURNAME | FIRST PERSO | NAL NAME | | LADDITIO | NAL NAME(S)INITIAL(S) | SUFFIX |
| | TIB. INCIVIDAL COCIONALE | T INCO T ENGO | THAT I TAME | | 7.550 | (O) | |
| 110 | . MAILING ADDRESS | CITY | | | STATE | POSTAL CODE | COUNTRY |
| _ | | | | | | | <u> </u> |
| 12. | ADDITIONAL SPACE FOR ITEM 4 (Collateral): | | | | | | |
| | All consideration received from the collection, sale or other disposeived from any insurer arising from any loss, damage or destruct | | | | | | |
| | served from any firstrer ansing from any loss, damage or destruct seessing any Collateralized Goods or any proceeds of Collateraliz | | | u Goods and any | otrier p | ayment received as a | esult of |
| All | of the collateral described above is intended to be classified as p | ersonal pro | perty, but to | the extent that a | ny porti | on of such collateral is | or becomes |
| cla | ssified as a fixture, this filing constitutes a fixture filing as to such or of the secured party and secured party's lien thereon constitut | collateral. | The collatera | al described abov | | | |
| lav | or or the secured party and secured party shell thereon constitut | es a purche | ase money s | ecunty interest. | | | |
| 13. | This FINANCING STATEMENT is to be filed [for record] (or recorded) in the | 14. This FIN | ANCING STAT | EMENT: | | | |
| 45 | REAL ESTATE RECORDS (if applicable) | | rs timber to be | | extracted | collateral X is filed as a | fixture filing |
| | Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): | To. Descripti | on of real estat | e. | | | |
| Anthony Coulam | | | ALL OF LOT 129, MORNINGSIDE ESTATES | | | | |
| | 33 W 2100 S | SUBDIVISION PHASE 1. CONTAINS 0.19 ACRES | | | | | |
| Woods Cross, UT 84087 | | | State: UT | | | | |
| | County: Davis County | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 17. | MISCELLANEOUS: 55734684-UT-11 25556 - SOLAR MOSAIC Solar M | Mosaic, Inc | | File with: Davis, UT | 15292 | 26196 | |



UCC FINANCING STATEMENT

| FOLLOW INSTRUCTIONS | | | | | • |
|--|--|--|---------------------------------|--|--|
| A. NAME & PHONE OF CONTACT AT FILER (option Phone: (800) 331-3282 Fax: (818) 662-4 | onal) 141 |] . | | | |
| B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service | @wolterskluwer.com | 1 | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Ad | ddress) 25556 - SOLAR MOSAIC | 1 | | | |
| CT Lien Solutions | 55734684 | | | | |
| P.O. Box 29071 | | | | | |
| Glendale, CA 91209-9071 | UTUT | | | | |
| 1 1 | FIXTURE | | | | |
| File with: Davis, UT | | THE ABOVE | SPACE IS FO | OR FILING OFFICE US | E ONLY |
| 1. DEBTOR'S NAME: Provide only one Debtor name | _ | | | | |
| name will not fit in line 1b, leave all of item 1 blank, chec | k here and provide the Individual Det | otor information in item 10 of | the Financing Sta | tement Addendum (Form U | CC1Ad) |
| | | | | | |
| OR 1b. INDIVIDUAL'S SURNAME | FIRST PERSON | AL NAME | ADDITION | NAL NAME(S)/INITIAL(S) | SUFFIX |
| Coulam | Anthony | | | | |
| 1c. MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY |
| 833 W 2100 S | Woods Cro | | UT | 84087 | USA |
| DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, cher | | | | | |
| 2a. ORGANIZATION'S NAME | and provide the movidual bea | NOT INTO THE TO OF | | - Addendam (FORM O | —————————————————————————————————————— |
| | | | | | |
| OR 2b. INDIVIDUAL'S SURNAME | FIRST PERSON | AL NAME | ADDITION | ADDITIONAL NAME(S)/INITIAL(S) | |
| 2c. MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY |
| | | | | | |
| 3. SECURED PARTY'S NAME (or NAME of ASSIG | NEE of ASSIGNOR SECURED PARTY): P | rovide only one Secured Par | rty name (3a or 3i | o) | |
| 3a. ORGANIZATION'S NAME Solar Mosaic, Inc | | | | | |
| OR 35. INDIVIDUAL'S SURNAME | LEIDOT DEDCON | IAI AIANE | LABORIO | NAL NAME (O) (BUTIAL (O) | Tourn |
| 30. INDIVIDUALS SURVAME | FIRST PERSON | IAL NAME | ADDITION | NAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY |
| 1212 Broadway Ste 300 | Oakland | | CA | 94612 | USA - |
| 4. COLLATERAL: This financing statement covers the fo | llowing collateral: | | | • | |
| The collateral includes the following, whether | now owned or hereafter acquired, | whether now existing of | or hereafter ar | ising, and wherever lo | ocated: |
| 1. All solar panels, inverters, racking systems, interconnect equipment, battery storage equip accommodate the solar system (collectively, " | ment, electrical vehicle power cha | | | | |
| 2. All accessions, attachments, accessories, to | ools, parts, supplies, replacements | s of and additions to an | y Collateralize | ed Goods; | |
| 3. All proceeds from warranty claims related to ("Home Improvement Agreement") and, if deb between the debtor and its operations and ma | tor has received an operations and | d maintenance loan, th | e operations a | n the debtor and solar and maintenance agre | · contractor eement |
| 4. All rebates and incentives that are payable assigned to debtor's solar contractor or operations. | | ralized Goods except fo | or such rebate | es and incentives whic | h have been |
| 5. All debtor's rights, title, interests, and remed (including, without limitation, the Home Improv | dies under all agreements, statemer vement Agreement and Operations | ents and other docume and Maintenance Agr | ntation relatin eement); and | g to the Collateralized | l Goods |
| 5. Check only if applicable and check only one box: Colla | ateral is held in a Trust (see UCC1Ad, i | tem 17 and Instructions) | being administer | ed by a Decedent's Person | nal Representative |
| 6a. Check only if applicable and check only one box: | | | 6b. Check only | if applicable and check onl | y one box: |
| | | s a Transmitting Utility | Agricult | | |
| 7. ALTERNATIVE DESIGNATION (if applicable): Lo | essee/Lessor Consignee/Cons | gnor Seller/Buye | r Bail | ee/Bailor Licer | nsee/Licensor |
| a cerional eller reference DATA: | | | | | |

26196

15292

55734684



2968005 BK 6606 PG 500

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| A. | NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141 | | | | | | |
|--------------------|--|--|---|-------------------------------|-----------------------------------|--------------------------|-------------------------|
| В. | E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com | | | | | | |
| ·C. | SEND ACKNOWLEDGMENT TO: (Name and Address) 25556 - SOLA | AR MOSAIC | | | | | |
|] [| CT Lien Solutions 55734 P.O. Box 29071 | 684 | | | | | |
| | Glendale, CA 91209-9071 UTUT | | | | | | |
| ١, | FIXTU | JRE , | | | | | |
| l | <u></u> | | THE ADOME OF | | | | 0.11.1/ |
| Ļ | File with: Davis, UT EBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full n | | THE ABOVE SP | | | | |
| | _ | ne Individual Debtor informa | | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | | LADDITION | NAL NAME(S)/INITIA | 11 (C) | SUFFIX |
| | Coulam | Anthony | | ADDITION | IAL NAME(SJANTIA | AL(S) | SUFFIX |
| 1c. | MAILING ADDRESS | CITY | | STATE | POSTAL CODE | | COUNTRY |
| | | | | | ŀ | | |
| | 3 W 2100 S | Woods Cross | | UT | 84087 | | USA |
| | EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide the | name; do not omit, modity, i ne Individual Debtor informa | | | | | |
| | 2a. ORGANIZATION'S NAME | | | manong ou | | | |
| | | | | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | | ADDITIONAL NAME(S)/INITIAL(S) | | AL(S) | SUFFIX |
| 2c. | WAILING ADDRESS | CITY | | STATE | POSTAL CODE | | COUNTRY |
| | • | | | | | | |
| 3 S | ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR | RED PARTY): Provide only | one Secured Party na | me /3a or 3h | 2) | | : |
| ٠. ٠ | 3a. ORGANIZATION'S NAME | CEST TO TO TO THE OTHER | one occured tary ha | | | | |
| | Solar Mosaic, Inc | | | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | | ADDITIO | NAL NAME(S)/INITI/ | AL(S) | SUFFIX |
| | | | | | | | |
| 3c. | MAILING ADDRESS | CITY | | STATE | POSTAL CODE | | COUNTRY |
| 12 | 212 Broadway Ste 300 | Oakland | | CA | 94612 | | USA |
| 4. C | OLLATERAL: This financing statement covers the following collateral: | | | • | • | | |
| The | e collateral includes the following, whether now owned or hereaft | ter acquired, whether | now existing or he | ereafter ar | ising, and whe | erever loca | ated: |
| inte | All solar panels, inverters, racking systems, wiring, electrical and erconnect equipment, battery storage equipment, electrical vehic commodate the solar system (collectively, "Collateralized Goods" | le power charging eq | ons, metering, mo uipment, thermost | nitoring ar at equipm | nd/or other dis ent, and lands | tributed g scaping se | eneration ervices to |
| 2. / | All accessions, attachments, accessories, tools, parts, supplies, r | replacements of and | additions to any Co | ollateralize | ed Goods; | | |
| 3. <i>I</i> ("H | All proceeds from warranty claims related to the Collateralized Goome Improvement Agreement") and, if debtor has received an o | oods, the home impro | ovement agreement nance loan, the or | nt betweer perations a | n the debtor ar and maintenar | nd solar c | ontractor ment |
| | ween the debtor and its operations and maintenance contractor | | | | | | |
| | All rebates and incentives that are payable as a result of installing igned to debtor's solar contractor or operations and maintenance | | Goods except for s | uch rebate | s and incentiv | es which | have been |
| 5. <i>i</i> | All debtor's rights, title, interests, and remedies under all agreeme cluding, without limitation, the Home Improvement Agreement an | ents, statements and d Operations and Ma | other documentat intenance Agreen | ion relating nent); and | g to the Collat | eralized G | Goods |
| _ | | (see UCC1Ad, item 17 an | | | ed by a Deceden | t's Personal | Representative |
| _ | Check only if applicable and check only one box: | ,, 10, 1011 17 011 | | | if applicable and | | |
| | Public-Finance Transaction Manufactured-Home Transaction | A Debtor is a Transr | | | | Non-UCC F | |
| 7. A | | onsignee/Consignor | Seller/Buyer | | ee/Bailor | | ee/Licensor |
| | PTIONAL FILER REFERENCE DATA: | | | | | | |
| | '34684 15292 | | | 26 | 196 | | |

2968005 BK 6606 PG 501

UCC FINANCING STATEMENT ADDENDUM

| FOL | LOW INSTRUCTIONS | | | | | | | |
|---------------------------------|---|--|--|----------------------|--------------------|-----------------------------|------------------|--|
| | AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line ecause Individual Debtor name did not fit, check here | tb was left l | olank | | | | | |
| ĺ | 9a. ORGANIZATION'S NAME | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| OR ! | 9b. INDIVIDUAL'S SURNAME COULAM | | | | | | | |
| | FIRST PERSONAL NAME | | | | | | | |
| | Anthony | | | | | | | |
| | ADDITIONAL NAME(S)INITIAL(S) | | SUFFIX | | | | | |
| 10 F | DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or D | Oehtor name i | hat did not fit in | - | | IS FOR FILING OFFI | | |
| | o not omit, modify, or abbreviate any part of the Debtor's name) and enter the mai | | | inc 15 of 25 of the | Tinunong Ci | atement (r ann e a e r) (ae | | |
| | 10a. ORGANIZATION'S NAME | | | | | | | |
| OR | 10b. INDIVIDUAL'S SURNAME | | | | | | | |
| | | | | | | | | |
| i | INDIVIDUAL'S FIRST PERSONAL NAME | | | | | | | |
| | INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) | | · | 0.1.0.0 | | | SUFFIX | |
| -10 | | CITY | | | STATE | POSTAL CODE | COUNTRY | |
| 100 | MAILING ADDRESS | CITY | | | SIAIE | POSTAL CODE | COUNTRY | |
| 11. | | R SECURE | D PARTY'S I | NAME: Provide o | nly <u>one</u> nam | e (11a or 11b) | | |
| | 11a. ORGANIZATION'S NAME | | | | | | | |
| OR | 11b. INDIVIDUAL'S SURNAME | FIRST PERS | ONAL NAME | | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX | |
| | | | | | | T-22 | | |
| 11c | MAILING ADDRESS | CITY | | | STATE | POSTAL CODE | COUNTRY | |
| 12. | ADDITIONAL SPACE FOR ITEM 4 (Collateral): | | · · · · · · · · · · · · · · · · · · · | | | d | | |
| | All consideration received from the collection, sale or other dispos | | | | | | | |
| | eived from any insurer arising from any loss, damage or destruct sesssing any Collateralized Goods or any proceeds of Collaterali | | | d Goods and a | ny other p | ayment received as a | a result of | |
| - | of the collateral described above is intended to be classified as p | | | the extent tha | t any porti | on of such collateral i | is or becomes | |
| cla | ssified as a fixture, this filing constitutes a fixture filing as to such or of the secured party and secured party's lien thereon constitut | collateral. | The collatera | al described ab | ove secur | es a purchase money | y obligation in | |
| iav | or of the secured party and secured party shell thereon constitut | ics a purch | asc money s | incounty interest | • | | | |
| 13. | This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) | | IANCING STAT | | | | 6 t 60 | |
| 15. | Name and address of a RECORD OWNER of real estate described in item 16 | | ers timber to be ion of real estat | | is-extracted | collateral 🔼 is filed as | a fixture filing | |
| _ | (if Debtor does not have a record interest): | | | | | | | |
| Anthony Coulam 833 W 2100 S | | | ALL OF LOT 129, MORNINGSIDE ESTATES | | | | | |
| Woods Cross, UT 84087 | | | SUBDIVISION PHASE 1. CONTAINS 0.19 ACRES | | | | | |
| State: UT County: Davis County | | | | | | | | |
| | | | .,. Davis | County | | | | |
| | • | | | | | | • | |
| | | | | | | | | |
| 17 | MISCELLANEOUS: 55734684-UT-11 25556 - SOLAR MOSAIC Solar M | Mosaic, Inc | | File with: Davis, UT | 15292 | 26196 | | |
| | | , | | | , | | | |