	 	- 0	THE REAL PROPERTY.	
_		_		_

3268759 BK 7549 PG 1468

# 40

#### UCC FINANCING STATEMENT

**FOLLOW INSTRUCTIONS** 

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone; 800-3:	31-3282 Fax: 818-662-4141
B. E-MAIL CONTACT AT FILER (optional) uccfilingretum@woiterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	30889 - DIVIDEND
Lien Solutions P.O. Box 29071	75735913
Glendale, CA 91209-9071	UTUT
I	FIXTURE
File with: Dovin LCT	

E 3268759 B 7549 P 1468-1472 RICHARD T. NAUGHAN DAVIS COUNTY, UTAH RECORDER 07/08/2020 12:52 PM FEE \$40.00 Pss: 5 DEP RT REC'D FOR LIEN SOLUTIONS

08-093-0129

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

name will not fit in time 1b, leave all of item 1 blank, check here	<ul> <li>c) (use exact, full name; do not omit, modify, or abbreviate</li> <li>and provide the individual Debtor information in item.</li> </ul>			
1a. ORGANIZATION'S NAME				
R 16. INDIVIDUAL'S SURNAME Adkins	FIRST PERSONAL NAME  Lamont	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
C. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2175 South 3400 West	Syracuse	UT	84075	USA
2a. ORGANIZATION'S NAME				
Zb. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
R 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	STATE	NAL NAME(S)ANITIAL(S)	SUFFIX
E. MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of A	CITY	STATE	POSTAL CODE	
25. INDIVIDUAL'S SURNAME	CITY	STATE	POSTAL CODE	
25. INDIVIDUAL'S SURNAME  26. MAILING ADORESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of A  38. ORGANIZATION'S NAME	CITY	STATE od Party name (3a or 3	POSTAL CODE	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of A  Ja. ORGANIZATION'S NAME  Dividend Solar Finance LLC	CITY SSIGNOR SECURED PARTY): Provide only one Secure	STATE od Party name (3a or 3	POSTAL GODE	COUNTRY

The collateral described below is focated at the Debtor's address listed above.

ALL OF THE DEBTOR'S RIGHT, TITLE AND INTEREST IN PHOTOVOLTAIC SOLAR 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, 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 PRODUCTION INCENTIVES ("PERFORMANCE-BASED INCENTIVES"), AND ANY OTHER ECONOMIC BENEFITS RELATED TO INCENTIVES TO SUPPORT RENEWABLE ENERGY PRODUCTION THAT BORROWER MAY RECEIVE OR BE ENTITLED TO AS A RESULT OF THE PHOTOVOLTAIC SOLAR ENERGY EQUIPMENT.

THIS SECURITY AGREEMENT DOES NOT CREATE A SECURITY INTEREST IN THE DEBTORS REAL PROPERTY TO BE RECORDED IN THE LAND RECORDS.

5. Check only if applicable a	nd check <u>only</u> one box: Collateral is held in a	Trust (see UCC1Ad, item 17 a	nd Instructions)	being administered by a Oe	cedent's Personal Representative
6a. Check gnly if applicable	and check only one box:		,	6b. Check only if applicable	e and check <u>only</u> one box:
Public-Finance Tran	saction Manufactured-Home Transaction	n A Debtor is a Trans	mitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNA	TION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFER	ENCE DATA:				
75735913	L19-UT-0065526			a2Y0f00000	)3EkDb
				- Contract	

#### 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 99. ORGANIZATION'S NAME OR 9b. INDIVIDUAL'S SURNAME Adkins FIRST PERSONAL NAME Lamont ADDITIONAL NAME(SYINITIAL(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 Dabtor'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 STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME DF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a, ORGANIZATION'S NAME 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. 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): ALL OF LOT 81, RANCHETTES WEST NO 2. CONTAINS 0.51 ACRES Parcel Number 12-099-0081 17. MISCELLANEOUS: 75735913-UT-11 30889 - DIVIDEND SOLAR Dividend Solar Finance LLC File with: Davis, UT L19-UT-0065526 a2Y0f000003EkDb

 3268759 BK 7549 PG 1470
 DK 7343 1 G 1470

### UCC FINANCING STATEMENT

NAME & PHONE OF CONTACT AT FILER (option		1		
ame: Wolters Kluwer Lien Solutions Phone:	800-331-3282 Fax: 818-662-4141			
E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com				
SEND ACKNOWLEDGMENT TO: (Name and Ad	dress) 30889 - DIVIDEND			
Lien Solutions P.O. Box 29071	75735913	1		
Glendale, CA 91209-9071	UTUT			
	FIXTURE			
File with: Davis, UT		THE ABOVE SPACE IS	FOR FILING OFFICE U	SE ONLY
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 Det	otor's name); if any part of the	Individual Det
ame will not fit in line 1b, leave all of item 1 blank, chec	k here 🔲 and provide the Individual Debto	information in item 10 of the Financing	Statement Addendum (Form	UCC1Ad)
1s. ORGANIZATION'S NAME				
16. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME ADDR	TONAL NAME(S)/INITIAL(S)	SUFFIX
Adhina	I amount			
Adkins	Lamont			
	Lamont	STATI	POSTAL CODE	COUNTRY
MAILING ADDRESS 175 South 3400 West	CITY	ŲT	84075	COUNTRY
MAILING ADDRESS  175 South 3400 West  DEBTOR'S NAME: Provide only gng Debtor name	CITY Syracuse (2a or 2b) (use exact, full name; do not omit,	UT modify, or abbreviate any part of the Det	84075 stor's name); if any part of the	USA Individual Det
MAILING ADDRESS  175 South 3400 West  DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, chec	CITY Syracuse (2a or 2b) (use exact, full name; do not omit,	UT modify, or abbreviate any part of the Det	84075 stor's name); if any part of the	USA Individual Det
MAILING ADDRESS 175 South 3400 West	CITY Syracuse (2a or 2b) (use exact, full name; do not omit,	UT modify, or abbreviate any part of the Det	84075 stor's name); if any part of the	USA Individual Det
MAILING ADDRESS  175 South 3400 West  DESTOR'S NAME: Provide only gng Debtor name ame will not fit in line 2b, leave all of item 2 blank, chec  2a. ORGANIZATION'S NAME	CITY  Syracuse  (2a or 2b) (use exact, full name; do not omit, k here and provide the Individual Debto	UT modify, or abbreviate any part of the Det r information in item 10 of the Financing	84075 stor's name); if any part of the Statement Addendum (Form	USA Individual Det UCC1Ad)
MAILING ADDRESS  175 South 3400 West  DEBTOR'S NAME: Provide only gng Debtor name same will not fit in line 2b, leave all of item 2 blank, chec  2a. ORGANIZATION'S NAME	CITY Syracuse (2a or 2b) (use exact, full name; do not omit,	UT modify, or abbreviate any part of the Det r information in item 10 of the Financing	84075 stor's name); if any part of the	USA Individual Det
MAILING ADDRESS  175 South 3400 West  DEBTOR'S NAME: Provide only ong Debtor name ame will not fit in line 2b, leave all of item 2 blank, chec  2a. ORGANIZATION'S NAME  Zb. INDIVIDUAL'S SURNAME	CITY Syracuse (2a or 2b) (use exact, full name; do not omit, k there and provide the Individual Debto	OT  modify, or abbreviate any part of the Det information in item 10 of the Financing  NAME  ADDRI	84075 stor's name); if any part of the Statement Addendum (Formational NAME(S)INITIAL(S)	USA Individual Det UCC1Ad)
MAILING ADDRESS  175 South 3400 West  DEBTOR'S NAME: Provide only ong Debtor name ame will not fit in line 2b, leave all of item 2 blank, chec  2a. ORGANIZATION'S NAME  Zb. INDIVIDUAL'S SURNAME	CITY  Syracuse  (2a or 2b) (use exact, full name; do not omit, k here and provide the Individual Debto	UT modify, or abbreviate any part of the Det r information in item 10 of the Financing	84075 stor's name); if any part of the Statement Addendum (Formational NAME(S)INITIAL(S)	USA Individual Del UCC1Ad)
MAILING ADDRESS  175 South 3400 West  DEBTOR'S NAME: Provide only gng Debtor name will not fit in line 2b, leave all of item 2 blank, chec 2a. ORGANIZATION'S NAME  Zb. INDIVIDUAL'S SURNAME  MAILING ADDRESS	CITY  Syracuse  (2a or 2b) (use exact, full name; do not omit, ik there and provide the Individual Debto  FIRST PERSONAL	nodify, or abbreviate any part of the Det information in item 10 of the Financing  NAME ADDR	84075 stor's name); if any part of the Statement Addendum (Formational NAME(SVINITIAL(S)) POSTAL CODE	USA Individual Del UCC1Ad)
MAILING ADDRESS  175 South 3400 West  DEBTOR'S NAME: Provide only gng Debtor name will not fit in line 2b, leave all of item 2 blank, chec 2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGN	CITY  Syracuse  (2a or 2b) (use exact, full name; do not omit, ik there and provide the Individual Debto  FIRST PERSONAL	nodify, or abbreviate any part of the Det information in item 10 of the Financing  NAME ADDR	84075 stor's name); if any part of the Statement Addendum (Formational NAME(SVINITIAL(S)) POSTAL CODE	USA Individual Del UCC1Ad)
MAILING ADDRESS  175 South 3400 West  DEBTOR'S NAME: Provide only gng Debtor name will not fit in line 2b, leave all of item 2 blank, chec.  2a. ORGANIZATION'S NAME  Zb. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGN 3a. ÖRGANIZATION'S NAME	CITY  Syracuse  (2a or 2b) (use exact, full name; do not omit, ik there and provide the Individual Debto  FIRST PERSONAL	nodify, or abbreviate any part of the Det information in item 10 of the Financing  NAME ADDR	84075 stor's name); if any part of the Statement Addendum (Formational NAME(SVINITIAL(S)) POSTAL CODE	USA Individual Del UCC1Ad)
MAILING ADDRESS  175 South 3400 West  DEBTOR'S NAME: Provide only one Debtor name ame will not fit in line 2b, leave all of item 2 blank, chec  2a. ORGANIZATION'S NAME  Zb. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGN 3a. ORGANIZATION'S NAME  Dividend Solar Finance LLC	CITY  Syracuse  (2a or 2b) (use exact, full name; do not omit, k here and provide the Individual Debto  FIRST PERSONAL  CITY  NEE of ASSIGNOR SECURED PARTY); Provi	nodify, or abbreviate any part of the Date information in item 10 of the Financing  NAME ADDR  STATI	84075 stor's name); if any part of the Statement Addendum (Formational NAME(S)/INITIAL(S) POSTAL CODE	USA Individual Del UCC1Ad)  SUFFIX
MAILING ADDRESS  175 South 3400 West  DEBTOR'S NAME: Provide only gng Debtor name ame will not fit in line 2b, leave all of item 2 blank, chec  2a. ORGANIZATION'S NAME  Zb. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGN 3a. ORGANIZATION'S NAME  Dividend Solar Finance LLC	CITY  Syracuse  (2a or 2b) (use exact, full name; do not omit, ik there and provide the Individual Debto  FIRST PERSONAL	nodify, or abbreviate any part of the Date information in item 10 of the Financing  NAME ADDR  STATI	84075 stor's name); if any part of the Statement Addendum (Formational NAME(SVINITIAL(S)) POSTAL CODE	USA Individual Del UCC1Ad)
MAILING ADDRESS  175 South 3400 West  DEBTOR'S NAME: Provide only ong Debtor name ame will not fit in line 2b, leave all of item 2 blank, chector of the company of the com	CITY  Syracuse  (2a or 2b) (use exact, full name; do not omit, k here and provide the Individual Debto  FIRST PERSONAL  CITY  NEE of ASSIGNOR SECURED PARTY); Provi	nodify, or abbreviate any part of the Date information in item 10 of the Financing  NAME ADDR  STATI	84075 stor's name); if any part of the Statement Addendum (Formational NAME(S)/INITIAL(S) POSTAL CODE  13b)	USA Individual Det UCC1Ad)  SUFFIX

ALL OF THE DEBTOR'S RIGHT, TITLE AND INTEREST IN PHOTOVOLTAIC SOLAR 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, 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 PRODUCTION INCENTIVES ("PERFORMANCE-BASED INCENTIVES"), AND ANY OTHER ECONOMIC BENEFITS RELATED TO INCENTIVES TO SUPPORT RENEWABLE ENERGY PRODUCTION THAT BORROWER MAY RECEIVE OR BE ENTITLED TO AS A RESULT OF THE PHOTOVOLTAIC SOLAR ENERGY EQUIPMENT.

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5. Check only if applicable and check	only one box: Collateral is held in	a Trust (see UCC1Ad, item 17 an	d Instructions)	being administered by a Oe	cedent's Personal Representative
6a. Check goty if applicable and chec	k only one box:			6b. Check only if applicable	e and check <u>only</u> one box:
Public-Finance Transaction	Manufactured-Home Transac	ction A Debtor is a Transn	nitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if	applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	Ballee/Ballor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE D 75735913	ATA: L19-UT-0065526			a2Y0f00000	3EkDb

3268759 BK 7549 PG 1471

#### UCC FINANCING STATEMENT

**FOLLOW INSTRUCTIONS** 

CONTRACTOR DESCRIPTION OF TAXABLE PROPERTY OF STATE	e: 800-331-3282 Fax: 818-662-4141	4		
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@woltersk!uwer.com		[		
C. SEND ACKNOWLEDGMENT TO: (Name and a	Address) 30889 - DIVIDEND	1		
Lien Solutions P.O. Box 29071	75735913			
Glendale, CA 91209-9071	UTUT			
T	FIXTURE	i		
File with: Davis, UT		THE ABOVE SPACE IS F	OR FILING OFFICE U	SE ONLY
DEBTOR'S NAME: Provide only one Debtor name	e (1a or 1b) (use exact, full name; do not omit,	modify, or abbreviate any part of the Debte	or's name); if any part of the	Incividual Debt
name will not fit in line 1b, leave all of item 1 blank, ch	eck here and provide the individual Debto	r information in item 10 of the Financing Si	atement Addendum (Form	UCC1Ad)
ta. ORGANIZATION'S NAME				
16 INDIVIDUAL'S SURNAME	I TROT OF ROOMS	inner I morne	AND MANAGEMENT AND	SUFFIX
Adkins	FIRST PERSONAL LAMONT	NAME.	WAL NAME(S)MNITTAL(S)	SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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ARR 0 - A A A A A A A A A A A A A A A A A A	<u> </u>	1542	2.7002.0	
2175 South 3400 West	Syracuse	ÜΤ	84075	USA
DEBTOR'S NAME: Provide only one Debtor name	ne (2a or 2b) (use exact, full name; do not omit,	modify, or abbreviate any part of the Debte	or's name); if any part of the	Individual Debt
2175 South 3400 West DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, ch. [25. ORGANIZATION'S NAME.]	ne (2a or 2b) (use exact, full name; do not omit,	modify, or abbreviate any part of the Debte	or's name); if any part of the	Individual Debte
DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, ch	ne (2a or 2b) (use exact, full name; do not omit,	modify, or abbreviate any part of the Debte	or's name); if any part of the	Individual Debte
DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, ch 2b. ORGANIZATION'S NAME	ne (2a or 2b) (use exact, full name; do not omit,	modify, or abbreviate any part of the Debte r information in item 10 of the Financing St	or's name); if any part of the	Individual Debte
DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, ch 2b. ORGANIZATION'S NAME	re (2a or 2b) (use exact, full name; do not omit, eck here	modify, or abbreviate any part of the Debte r information in item 10 of the Financing St	or's name); if any part of the attenuent Addendum (Form	Individual Debt
DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, che 2b. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME	re (2a or 2b) (use exact, full name; do not omit, eck here	modify, or abbreviate any part of the Debte r information in item 10 of the Financing St	or's name); if any part of the attenuent Addendum (Form	Individual Debt
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DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, ch  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  5. MAILING ADDRESS	e (2a or 2b) (use exact, full name; do not omit, eck here  and provide the Individual Debto	modify, or abbreviate any part of the Debte r information in item 10 of the Financing St  NAME ADDITIO	or's name); if any part of the tatement Addendum (Form NAL NAME(SYINITIAL(S)	Individual Debt UCC1Ad)
DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, che 2b. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  3b. MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSI 3a, ORGANIZATION'S NAME	e (2a or 2b) (use exact, full name; do not omit, eck here  and provide the Individual Debto	modify, or abbreviate any part of the Debte r information in item 10 of the Financing St  NAME ADDITIO	or's name); if any part of the tatement Addendum (Form NAL NAME(SYINITIAL(S)	Individual Debt UCC1Ad)
DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, check the control of the	e (2a or 2b) (use exact, full name; do not omit, eck here  and provide the Individual Debto	modify, or abbreviate any part of the Debte r information in item 10 of the Financing St  NAME ADDITIO	or's name); if any part of the tatement Addendum (Form NAL NAME(SYINITIAL(S)	Individual Debt UCC1Ad)
DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, check the common of the common o	e (2a or 2b) (use exact, full name; do not omit, eck here  and provide the Individual Debto	modify, or abbreviate any part of the Debte r information in item 10 of the Financing St  NAME ADDITION STATE ride only gne. Secured Party name (3a or 1	or's name); if any part of the tatement Addendum (Form NAL NAME(SYINITIAL(S)	Individual Debt UCC1Ad)
DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, check the common of the common o	e (2a or 2b) (use exact, full name; do not omit, eck here	modify, or abbreviate any part of the Debte r information in item 10 of the Financing St  NAME ADDITION STATE  ADDITION	or's name); if any part of the tatement Addendum (Form NAL NAME(S)/INITIAL(S)  POSTAL CODE  DNAL NAME(S)/INITIAL(S)	SUFFIX SUFFIX
DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, ch  2b. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  C. MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSI)  3a. ORGANIZATION'S NAME  Dividend Solar Finance LLC	e (2a or 2b) (use exact, full name; do not omit, eck here	modify, or abbreviate any part of the Debte r information in item 10 of the Financing St  NAME ADDITION STATE ride only gne. Secured Party name (3a or 1	or's name); if any part of the atement Addendum (Form MAL NAME(S)/INITIAL(S)  POSTAL CODE	Individual DeM UCC1Ad)  SUFFIX  COUNTRY

ALL OF THE DEBTOR'S RIGHT, TITLE AND INTEREST IN PHOTOVOLTAIC SOLAR 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, 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 PRODUCTION INCENTIVES ("PERFORMANCE-BASED INCENTIVES"), AND ANY OTHER ECONOMIC BENEFITS RELATED TO INCENTIVES TO SUPPORT RENEWABLE ENERGY PRODUCTION THAT BORROWER MAY RECEIVE OR BE ENTITLED TO AS A RESULT OF THE PHOTOVOLTAIC SOLAR ENERGY EQUIPMENT.

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5. Check only if applicable :	and check <u>only</u> one box	: Collateral is held in a T	rust (see UCC1Ad, item 17	and Instructions)	being administered by a De	ecedent's Personal Representati
6a. Check only if applicable	and check only one b	ox:			6b, Check only if applicab	le and check <u>only</u> one box:
Public-Finance Tra	risaction Marz	factured-Home Transaction	A Debtor is a Tran	smitting Utility	Agricultural Lien	Non-UCC Filling
7. ALTERNATIVE DESIGN	ATION (if applicable):	Lessee/Lessor	Consignee/Consignor	Seller/Buy	er Ballee/Ballor	Licensee/Licensor
8. OPTIONAL FILER REFE 75735913		-0065526			a2Y0f00000	03EkDb
-		-			P	J. J. S. S. S. S. D. C. B. 20034

## UCC FINANCING STATEMENT ADDENDUM

FOI	LOW INSTRUCTIONS						
	AME OF FIRST DEBTOR: Same as line to or to on Financing Statement, if finecause Individual Debtor name did not fit, check here	e 1b was left	blank	l			
•	9a. ORGANIZATION'S NAME			•			
				l			
OR	9b. INDIVIDUAL'S SURNAME						
	Adkins						
	FIRST PERSONAL NAME			1			
	Lamont			ļ			
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	i			
				THE ABOVE	SPACE	IS FOR FILING OFFIC	E 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 Fi	nancing Ş	talement (Form UCC1) (use	exact, full name;
¢.	o not omil, modify, or abbreviate any part of the Deblor's name) and enter the ma	iling address i	in line 10c				
	10s. ORGANIZATION'S NAME						
OR	10b. INDIVADUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME		10				
	INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)						SUFFIX
_							
10c	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
11.	☐ ADDITIONAL SECURED PARTY'S NAME    ASSIGNO	D SECTION	n paptys n	NAME: Provide only	000 000	o (11a or 11b)	
	11a. ORGANIZATION'S NAME	IN SECONE	DEANITO	NAME. Provide drily	<u>one</u> nam	e (Tradi Tro)	
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSO	ONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	20.00						
110	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
701	VI	Lea This Fill	ANCING STAT	FLIENT.			
13.	∑ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	_	ers timber to be	_	advantad	collateral X is filed as a	flytura filina
15.1	Name and address of a RECORD OWNER of real estate described in item 16		ion of real estat		extacién	consteral Mished as a	iixure niing
	if Debtor does not have a record interest):		MIN AND THE 201	-			
		ALL C	F LOT 8	1. RANCHI	ETTE	S WEST NO 2.	
				51 ACRES			
			1111-1111 -11				
		Parce	l Numbe	r 12-099-00	81		
17.	MISCELLANEOUS: 75735913-UT-11 30889 - DIVIDEND SOLAR DMder	nd Solar Finance	e LTC	File with: Davis, UT	L19-UT-	0065526 a2Y0f000003EkDb	